

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE  
OVER THE COUNTER MAGAZINE

25 January 1997

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to fight for RPM

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and for obstetric patients, at commencement of labour and six hourly thereafter. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration: 150mg tablets twice daily may be substituted for parenteral ranitidine once oral feeding commences. **Children:** Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **CONTRAINDICATIONS, WARNINGS, ETC.** Patients with known hypersensitivity to any component of the preparation. **Precautions:** Exclude malignancy before therapy for gastric ulcer, or in middle-age patients with new or recently changed dyspeptic symptoms. Reduce dosage in severe renal impairment to 150mg at night for four to eight weeks, if ulcer is unhealed institute 150mg twice daily. Supervision of patients taking NSAID's concomitantly with ranitidine is recommended, especially in the elderly. Avoid in patients with a history of porphyria. Use in pregnancy and lactation only if essential. **Side effects:** Headache, dizziness, skin rash, occasional hepatitis, and with antibiotics, diarrhoea. Rare cases of reversible mental confusion, depression and hallucinations in very ill and elderly patients. Rarely, arthralgia, myalgia, acute pancreatitis, agranulocytosis or pancytopenia, leucopenia and thrombocytopenia usually being reversible. Hyper-sensitivity reactions, anaphylactic shock, rare cases of breast symptoms in men. As with other  $H_2$ -receptor antagonists rare cases of bradycardia, A-V block and astyole. **Pack size/Cost** 150mg: 60 tablet pack: £27.89. 300mg: 30 tablet pack: £27.43. **LEGAL CATEGORY POM MARKETING AUTHORISATION NUMBER** Ranitidine Tablets BP 150mg PL 4569/0335. Ranitidine Tablets BP 300mg PL 4569/0336. For further information contact the Marketing Authorisation holder Generics [UK] Limited, Potters Bar, Hertfordshire EN6 1TL.

DATE OF PREPARATION: December 1996





The shadow health minister, Chris Smith, spoke for over half an hour on Tuesday at a conference on 'Healthcare in the Community' about Labour's plans for primary care. The conference was sponsored by Boots the Chemists, and among the audience were substantial numbers of leading pharmacy figures. Mr Smith mentioned GPs, nurses, health visitors and social workers, but took a blunt question from a pharmacist member of the Boots' PR team to remind him that some 10,000 pharmacists work for the NHS. If one were charitable, one could suggest Mr Smith had been poorly briefed, but the reality is that like so many others he does not automatically think to include pharmacists in his primary care plans. Yet he knows more people visit their pharmacy in the course of a year than ever see their GP. He can even recall that there are "some helpful elements" about pharmacy in the NHS Primary Care Bill. He thinks pharmacist monitoring of repeat prescribing is "the sort of issue that is worth supporting". One is left with the impression he is ill-informed about the benefits that pharmacists can demonstrably bring to the healthcare market. Has the pharmacy lobby yet again failed to get its message over?

It has been evident for some time that Labour will tinker with the NHS internal market, but do little to change the general thrust of reforms the Tories have set in place. Trusts will still compete to provide services in Mr Smith's brave new world because they will have to in order to survive. Apart from an aversion to giving commercial organisations the option to employ GPs, Labour seems to have no major gripes with the Primary Care Bill going through parliament. And since both Labour and the Conservatives will be striving for zero growth in the NHS budget, it is becoming difficult in the healthcare area, as in many others, to distinguish between the two parties.

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# CHEMIST & DRUGGIST

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# Smith pledges support for RPM



Chris Smith: committed to RPM

The Labour shadow health minister, Chris Smith, has given his unequivocal support for the retention of Resale Price Maintenance on medicines.

Mr Smith says he is worried about the decision of the director general of the Office of Fair Trading to refer the issue to the Restrictive Practices Court.

He has pledged that if an election is called before the Court reached a decision, it is a situation Labour "would try and unpick".

Mr Smith was speaking on Tuesday at a conference on 'Healthcare in the Community' hosted by the Social Market Foundation and sponsored by Boots the Chemists. The leaders of all the major pharmacy organisations were present.

There was some surprise that Mr Smith had committed himself so firmly to RPM in the run-up to a general election, but his support was welcomed.

Mr Smith spelt out which parts

of the Primary Care Bill, due back in the Commons in three weeks time, Labour would be seeking to amend.

He supported the Government's intention to pilot new service developments, but said the Bill contained inadequate provisions to evaluate pilot projects. Labour would seek to "toughen up" monitoring and evaluation.

He also welcomed proposals for salaried GPs, which he said would be of particular benefit in inner city areas, but criticised the Bill for not allowing health authorities to employ GPs.

"Health authorities in many areas are the bodies which should be employing GPs. The Government has ruled that out, and we will seek to change that."

Mr Smith sided with the British Medical Association in condemning provisions in the Bill which would allow for the private sector commercial employment of GPs to provide NHS services.

Supermarket chains or pharmaceutical companies offering GP services through the NHS would lead to a breakdown of the doctor-patient relationship, he claimed. Doctors would be answerable to two masters and there could be conflicts between commercial motives and national objectives such as those set out in the Health of the Nation.

## Wider issues

Turning to Labour's wider vision for the NHS, Mr Smith said the party had a "fundamental belief" in a primary care-led NHS. It had never opposed the separation of purchasers and providers, and always said it would retain that split.

But Labour has committed itself to replacing fundholding with locality commissioning. Local GPs representing between 50,000-100,000 patients would come together to order care and treatment for all their patients.

This, he said, would achieve three important things:

- get rid of the lack of equity between patients – fundholder patients are treated differently from non-fundholders
- lift the management process from single practice level to locality level and make it more efficient and cost-effective
- provide for proper population needs-based assessment for the allocation of funds.

"We will build on the whole variety of schemes which are already in place, such as multi-funds and total purchasing," said Mr Smith. He envisaged introducing changes step by step over two to three years.

There would be an emphasis under the Labour proposals to involve all members of the primary care team as equal partners in localities, and there should be a "system of co-operation rather than competition in reaching agreements with local providers". Contracts should be for periods of three to four years.

"I have been seriously worried about the lack of co-ordination between health and social services in many parts of the country," said Mr Smith.

Labour proposes to set up a joint fund supported by locality NHS funds and money from the local authority Social Services budget to service patients whose needs fall across the dividing line between the two services.

## NHS funding crisis expected irrespective of election result



Professor Alan Maynard

Whichever party is elected at the next general election will be looking for zero growth in the NHS budget, predicted conference chairman Professor Alan Maynard of the department of health sciences at the University of York. This will put enormous pressure on the NHS to improve efficiency, and the NHS still has observable inefficiencies, he said.

While Labour's plans for locality purchasing are a move away from GP fundholding, the NHS Primary Care Bill is a move to further deregulate the NHS. The more aggressive use of buying power is being used to change the skill mix in primary care and the way care is delivered. "But we may just see de-skilling to save resources," warned Professor Maynard.

Pharmacists are an under-utilised resource, said Professor Maynard. "They are very expensive to train, then we lock them up in shops." Should elderly patients register with a pharmacy, he asked, and pharmacists be paid on a capitation basis? How should they be encouraged to use their skills more effectively?

## First review of lay beliefs on medicines

A review paper on lay beliefs about drugs and medicines, and the implications for community pharmacy has been published.

It is thought to be the first such review and is intended for all those involved in or interested in community pharmacy. The review is the fifth in a series of occasional papers from the Pharmacy Practices Research Resource Centre at Manchester University.

Copies of the review can be obtained by sending a cheque for \$15, made payable to 'University of Manchester' to PPRRC at the School of Pharmacy, University of Manchester, Oxford Road, Manchester M13 9PL.

## Boots plans practice dispensary

Boots has applied for permission to run a practice dispensary at a GP surgery in Salcombe, south Devon.

The local pharmacist, Chris Carpenter, had previously turned down an offer to move in with the GPs on the grounds that the town could not support two pharmacies. He has had "enormous public sympathy" for his existing business to keep open in the town centre.

Mr Carpenter told *C&D* that the Redfern GPs invited him to run an on-site dispensary as part of their plans to enlarge the health centre. But he turned them down because he needed "a High Street presence" to capture enough counter trade from holi-

daymakers to remain viable.

"If another contract was awarded [in the surgery], the resulting loss of income from the NHS would be sufficiently catastrophic for me to have to close from the end of September to Easter," he said. People would then have to travel six miles to the nearest pharmacy for OTC medicines.

So many patients wrote in his support to the community health council that it called a public meeting to judge local opinion. The meeting, of over 100 people, voted overwhelmingly in Mr Carpenter's favour. The health authority is due to make a decision on Boots' application at the end of January.

## PRS: Health Plus beta trials completed

Beta trials of the electronic prescription transfer system, Health Plus, offered by Practice Resource Systems are completed, according to managing director Gary Noon.

Speaking on Tuesday, Mr Noon hoped to arrange a demonstration of the system for the pharmaceutical press in the near future. Pharmacists and GPs involved in the beta trials, the stage of testing prior to general release, will be on hand to answer questions.

Mr Noon says that constructive talks between the NHS and PRS are ongoing and a substantial agreement has been achieved. "Further advice on Health Plus will be given by the NHS to interested contractors next week."



# Pharmacy Update ready for action

Pharmacy Update now comes with a new look and a new learning tool to help you get the most out of your distance learning.

'Action Plan' boxes will be carried with College of Pharmacy Practice-accredited modules and will consist of exercise points, related to the topic, which can be performed in the pharmacy. This encourages readers to put theory into practice.

Having read a Pharmacy Update module, you will recognise many examples of the topic in practice. You will be encouraged to examine these cases with the text of the module in mind, focusing on practical aspects. Perhaps you will be asked to log cases; to record specific points about a single diagnostic feature; to discuss with a patient the best way of tackling their problem.

Preparation in the following areas will help you get the most out of the 'Action Plan'.

● **Develop your own formulary of OTC products for each disease/ailment** You should be able to justify whatever you select, and also have a few alternatives as patients may have found your first choice treatment unsatisfactory or may prefer something else.

● **Develop advice protocols** Writing out brief protocols is a method of making the advice concise and rapidly accessible to you and the patient, and assists in training counter assistants.

● **Self-audit** Some of the practical activities will include small exercises of self-audit. Audit is also a useful practical learning technique because it gives an indication of frequency of disease presentations in your pharmacy and treatments requested by patients.

## VAT exemption ruling

A VAT tribunal has decreed that incontinence pads are exempt from VAT when supplied by NHS trusts to patients in their own homes and to nursing home patients who are 'of sound mind'. But pads supplied to people in residential homes should still be subject to VAT because they are not being supplied directly to specific patients. SCA Mohlnycke had appealed against a Customs & Excise ruling that VAT should be applied to all NHS incontinence products. The company is considering whether to appeal further against the judgment.



# Pharmacy careers video launched

A new video promoting pharmacy as a career has been launched.

'Pharmacists - Prescription for Success' is designed for use in schools or colleges by professional careers advisers or pharmacists speaking on the profession. The 23-minute video is one

of the Careers in Focus series.

The video has been co-produced by the Royal Pharmaceutical Society, Boots and Smithkline Beecham. It looks at career opportunities in community pharmacy, hospitals and the pharmaceutical industry, as well as areas such as public relations,

product marketing and the Society's inspectorate.

Pharmacists can obtain a copy for \$10.95 (non-pharmacists \$15.95) from Careers in Focus, The Grange, Elmbridge, Droitwich, Worcestershire WR9 0DA. It is also available on loan from the Society's education division.

# High Court appeal lost

A pharmacist appealing against a decision preventing him from transferring his pharmacy into a nearby Tesco lost his battle in London's High Court last week (C&D January 18, p6). Justice Harrison ruled that the Family Health Services Appeal Authority, which refused pharmacist Rajiv Sharma of Ilford, Essex, permission, had been neither wrong in law nor unreasonable.

Mr Sharma claims his current premises, at the Neighbourhood Centre, Basildon, Essex, are not commercially viable and he would be able to offer a better service to customers if he moved to the superstore nearby.

The judge said it was still open to Mr Sharma to close down his current premises and make a fresh application to set up a new business at the superstore.

Mr Sharma had been granted permission by the Essex FHSA to set up business at the Neighbourhood Centre in 1993. At the same time, Tesco was refused permission to set up a pharmacy at its superstore, then being built, after the FHSA decided the Neighbourhood Centre pharmacy would adequately serve the needs of residents. Despite hav-

ing permission, Mr Sharma realised the Neighbourhood Centre pharmacy could not operate without a Government grant and proposed to move to the Tesco superstore. This was turned down by the FHSA in January, 1994, on the grounds that it was not a minor relocation. An appeal to the FHSA failed on the same grounds. It also found that the population it would serve was not the same as the one served by the Neighbourhood Centre.

Mr Sharma had made a fresh application to open a new business at Tesco, saying he would not open a shop at the Neighbourhood Centre if he was successful. This was turned down in July, 1995, and while waiting for his appeal to be heard by the FHSA, he opened the Neighbourhood Centre pharmacy in August, 1995. The FHSA rejected his appeal in November, 1995, on the grounds that there was already a pharmacy - his own at the Neighbourhood Centre - within 400m of the superstore and there would be no advantage to residents who used the existing pharmacy in substituting it.

Justice Harrison said the

FHSA had been "perfectly entitled" to take into account the existence of the Neighbourhood Centre pharmacy when deciding whether one at Tesco was 'necessary or desirable'.

He told the Court, "Mr Sharma had argued strongly for it in 1993 and although he later expressed concern about its viability, he had gone ahead and opened it and it remains open today. At no time did he suggest he would close it down if his application for the Tesco superstore was not granted. The FHSA concluded only one pharmacy was needed for the neighbourhood. It was clear the FHSA took into account the greater number of people who would come to the superstore to shop, but also the fact that many of those people would have pharmaceutical facilities available elsewhere."

The judge pointed out that Mr Sharma had not stated that Tesco would be open longer hours, "The FHSA cannot be blamed for not taking a point not made to it," he said.

Outside the court, Mr Sharma, whose case was supported by Tesco, admitted he did not know what his next step would be.



## GOsC formally established

The General Osteopathic Council was formally established last Tuesday. The GOsC is a statutory body responsible for maintaining a register of osteopaths. Once the Osteopaths Act 1993 is fully in force, it will be an offence for anyone who is not on the Statutory Register to use the title 'osteopath'.

## MLX233 replies

The Medicines Control Agency has extended the consultation time for the proposals to consolidate the Medicines (Other Than Veterinary Drugs) (Prescription Only) Order 1983. Responses to the consultation letter MLX233, issued on December 18, 1996, can now be returned by February 14.

## Poppers ban call

The Royal Pharmaceutical Society has renewed its call to have poppers, or alkyl nitrate vitrullae, outlawed. It is urging local trading standards officers to enforce the law and have traders remove poppers from sale.

## Fitness Bill to Lords

Sir Michael Shersby's Pharmacists (Fitness To Practice) Bill has passed all stages in the House of Commons with no amendments when it was heard last week. Baroness Gardner of Parkes is expected to take the Bill through the Lords some time in February.

## Davies to Crown Court

West London pharmacist Shirley Davies has been put on unconditional bail to face proceedings at Knightsbridge Crown Court. Ms Davies, who is accused of illegally supplying methadone and cyclomorph at her Maida Vale pharmacy, had her case referred by Marylebone Magistrates Court. She will make a preliminary appearance at the Crown Court on February 26.

## NHS architecture and design

The Department of Health has set up an expert committee to advise on promoting high standards of architecture and design quality in the NHS. The committee is chaired by parliamentary health secretary John Horam MP.

## CJD charges

Two French hospital pharmacists have been charged with allegedly supplying children with growth hormones contaminated with the Creutzfeldt-Jacob virus. The poisoning charges follow the deaths of 40 children.

# GPs hold out over pack terms

GPs are refusing to accept that they will be in breach of their Terms of Service if they fail to write patient pack prescriptions correctly.

The General Medical Services Committee believes it would be better to use the "professional and educational route" to persuade GPs to prescribe correctly, instead of threatening disciplinary action if they fail to do so, says negotiator Dr Brian Goss.

He described as "overkill" the Department of Health's latest proposals to incorporate the requirements into the Terms of Service.

An initial route of "consent and consensus" was more sensible than confrontation, which might make some GPs determined to be awkward. If, after a year or so, a hard core seemed to be deliberately and perversely "messing up the system", then

further action might be needed.

Dr Goss added: "At present, if doctors get the pack size wrong, there is an interchange with the pharmacist and the doctor amends the prescription." He thought doctors would soon adapt to prescribing the right amounts to avoid bothering patients and pharmacists.

The GMSC is arranging to meet the Department to discuss the matter.

## Organon all set for appeal

Organon seems likely to appeal to the Medicines Commission to overturn the Committee on Safety of Medicines advice on oral contraceptives.

The CSM advised in 1995 that the use of Pills containing gestodene or desogestrel should be restricted. But new research has shown no significant difference in the incidence of venous thrombo-embolism in women taking second or third generation Pills.

Researchers at Charing Cross and Westminster Medical School, London, examined the medical records of about 540,000 women in a study designed to avoid what they describe in *The Lancet* (January 11) as possible bias in earlier research. This included adjusting for age factors which might have contributed to the higher risk ratio. The research was funded by a grant from Schering Health Care and NV Organon.

## Pro-pharmacy PA chief executive moves on

The pro-pharmacy Patients Association chief executive, Guy Howland, has left the Association following a bi-monthly board meeting.

Mr Howland, who has advocated that pharmacists should be prescribers of all medicines, was appointed last February as part of a restructuring of the PA. His position is to be merged with that

of the general manager, as the Association was unable to afford both positions after its relaunch in November last year.

Other opinions voiced by Mr Howland include not having much sympathy with dispensing doctors, and a belief that the NHS (Primary Care) Bill does not go far enough in allowing the pharmacist to become a prescriber.

## Warning over alcohol-based headlice lotions

Pharmacists are being reminded to stress the need for caution with alcohol-based lotions after a child's hair, being treated for headlice, caught fire.

The seven-year-old girl from Coventry, West Midlands, was in the kitchen after the lotion, Prio-

derm, was applied. Although she was at least three feet away from the lit stove, her hair caught fire, burning her face.

Seton's technical director, Graham Collyer, says that warnings are included on the Prio-derm box, bottle and information leaflet.

## New title for a New Age

*Chemist & Druggist* subscribers will be getting something extra with their Price List each month from next week.

*New Community Pharmacy*, a new title from the publisher of *C&D*, combines the established merits of *Community Pharmacy* and *Pharmacy Today* in one business-orientated monthly magazine.

*New Community Pharmacy's* timely and analytical features will explore the opportunities offered by the Royal Pharmaceutical Society's Pharmacy in the New Age initiative and the new NHS Primary Care Bill, and help community pharmacists turn professional developments into commercial success.

Presented in a modern A4 format, *New Community Pharmacy* will publish exclusively the Certificate in Community Pharmacy Management distance learning course sponsored by Smithkline Beecham.

Maintaining close links with the National Pharmaceutical Association, *New Community Pharmacy's* credentials as a business tool for pharmacists will be further enhanced by its distribution with the *Chemist & Druggist* Monthly Price List ... look out for it!

## Somerfield includes medicines in loyalty scheme

Medicines are being included in a supermarket chain's loyalty scheme, despite concerns that it may encourage unnecessary purchases of medicines.

Due to adverse publicity over the marketing of baby milks and customer comments, Somerfield Stores has recently withdrawn infant milk formulas from inclusion in its Premium Points scheme. However, Somerfield spokesman Gideon Bohannon says the company has no plans to exclude medicines at this stage.

The company has taken legal advice and says it is not breaking any laws. Premium Points are awarded on the total value of the goods purchased by a customer, not for purchase of specific items. Mr Bohannon says a bonus scheme is in operation, but medicines are specifically excluded from this.

Spokesman for the Proprietary Articles Trade Association Nan Williams says that it is not able to comment as any Resale Price Maintenance agreements are

between Somerfield and individual manufacturers. As such, it is up to the manufacturer to take issue with the scheme if the company believes there has been an infringement of an RPM agreement.

A spokesman from the law department of the Royal Pharmaceutical Society said that there was no breach of any legal requirements. However, he emphasised that "medicines should not be considered normal items of commerce".



# PIANA In A New Age

**A Conference on putting  
Pharmacy First in Customer  
Healthcare**

**February 27th & 28th 1997  
Royal Pharmaceutical Society,  
Lambeth, London**

**Pharmacy has set itself an agenda for change which involves forging better working relationships with other health professions and the pharmaceutical industry to provide the best in customer healthcare. Sixteen leading speakers will chart progress, debate the issues and set shared goals while parallel workshops will give industry a chance for a personal but private view from leading pharmacists.**

## THURSDAY, FEBRUARY 27

- **9.00 - 9.30** Registration
- **9.30 - 9.35** Conference opens  
— chairman John Skelton
- **9.35 - 9.40** First session opens  
— chairman, C&D editor Patrick Grice
- **9.40 - 10.05**  
Ann Lewis — The new age as we see it
- **10.05 - 10.30**  
John D'Arcy — The new age in practice
- **10.30 - 10.55** Wally Dove  
— The new age; for love or money
- **10.55 - 11.10** Question time
- **11.10 - 11.30** Coffee
- **11.30 - 11.55** Terry Maguire  
— The new age; a view from across  
the water
- **11.55 - 12.20** Graham Phillips  
— Playing PIANA my way
- **12.20 - 12.30** Question time
- **LUNCH 12.30 - 14.00**

## AFTERNOON SESSION

- **14.00 - 14.05** Conference chairman  
— John Skelton
- **14.05 - 14.10** Second session opens  
— chairman Dr Patrick Kerrigan, Pulse
- **14.10 - 14.35** Sue Thomas — Can  
pharmacists and nurses make care better?
- **14.35 - 15.00** George Ray  
— Sourcing the right medicines for patients
- **15.00 - 15.25** Guy Howland — The  
patients' perspective on pharmacy and its  
fellow health professionals
- **15.25 - 15.35** Question time
- **15.35 - 15.50** Tea
- **15.50 - 16.15** Alaster Rutherford  
— Taking 'local' medicines professionally
- **16.15 - 16.40** Peter Curphey  
— Pharmacy in local practice
- **16.40 - 16.55** Question time
- **16.55 - 17.00**  
Session chairman closes
- **Dinner 7 for 7.30pm**  
Royal Pharmaceutical Society

## FRIDAY, FEBRUARY 28

- **9.00-9.30** Registration
- **9.30 - 9.40** Third session opens  
— chairman John Skelton
- **9.40 - 10.05** Michael Bailey  
— Pharmacists; ethical agents for change
- **10.05 - 10.30** Paul Stanton  
— Professional business OTC
- **10.30 - 10.55** Terry Norris  
— Wholesaling; providing the vital link
- **10.55 - 11.10** Question time
- **11.10 - 11.25** Coffee
- **11.25 - 11.50** Sheila Kelly  
— OTC medicines; everyday cures for the  
common man
- **11.50 - 12.15** Ian Carruthers  
— Dealing in health
- **12.15 - 12.40** Ian Caldwell —  
Ways forward in partnership;  
the president's view
- **12.40 - 12.55** Questions
- **12.55 - 1.00** Chair closes
- **LUNCH 13.00 - 14.30**
- **Workshops 14.30 - 17.00**

**Date:** Feb 27 - 28, 1997  
**Venue:** Royal Pharmaceutical Society,  
Lambeth High Street, London SE1 7JN  
**Fee:** £625.00 (Plus VAT)  
**TOTAL** £734.38 per delegate

## How to book:

- Post the completed form together with  
your cheque made payable to  
Miller Freeman plc to:  
Cynthia Anderson Doble  
Pharmacy Special Projects  
Miller Freeman plc, Miller Freeman House,  
Overseign Way, Tonbridge TN9 1RW
- Telephone on 01732 364422 ext 2269  
to reserve your place.
- Fax the completed form to

01732 361534 to secure your place and  
then post a copy of the form together with  
your cheque.

- If sending a cheque under a separate  
cover please mark it clearly with  
delegate's name.

## Booking conditions

### 1. Confirmation.

A letter will be sent on receipt of booking.

### 2. Cancellation.

If you cancel after February 12 there will  
be no refund of your conference fee; if  
before there will be a cancellation fee of  
£125.00 plus VAT. Substitutes are allowed  
at any time providing we have written  
advice. It may be necessary for reasons

beyond the control of the organisers to  
alter the content or timings.

### 3. Accommodation.

There are a limited number of hotel rooms  
at the nearby Novotel and The Royal  
Westminster Hotel available for the  
February 26-27. If you would like to take  
advantage of the special rates available  
let us know and we can reserve a place for  
you. You must settle your own account.

### 4. Workshops.

Would you like to take part in the  
workshops - each session lasts 2 hours -  
and costs £1,250.00 for six company  
delegates?  
Contact Cynthia Anderson Doble  
at Miller Freeman plc.

## Registration form

Please copy this form for any colleagues who may attend

Mr/Mrs/Ms \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Nature of business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

2 days including lunches & dinner	£625.00 (plus VAT) Total £734.38	£.....
First day including lunch	£475.00 (plus VAT) Total £558.13	£.....
First day including lunch & dinner	£525.00 (plus VAT) Total £612.88	£.....
Second day including lunch	£325.00 (plus VAT) Total £381.88	£.....
Dinner only	£75.00 (plus VAT) Total £88.13	£.....
Total value of cheque enclosed		£.....

## Payment

I enclose a cheque made payable to Miller Freeman plc  
£..... (including VAT)

Please debit my Credit Card for £..... (inc VAT)  
(Tick appropriate box)

Access ☐ Visa ☐ Amex ☐ Diners ☐

Card No \_\_\_\_\_

Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHEMIST &  
DRUGGIST**

**pulse**

**A Chemist & Druggist/ Pulse Conference with Workshops**



# Topical Reflections

## Right, right and right again!

I never cease to be amazed at all the perception exhibited by Dr David Roberts, chairman of the Dispensing Doctors' Association. In his letter to *C&D* last week, he immediately grasped the whole tenor of my argument.

Dr Roberts, you are so right! I fully agree that the case for the extension of doctor dispensing is unshakeable and, yes, as a pharmacist, I do intend to seek the abolition of doctor dispensing, and I agree, appeasement never did produce happy relationships.

But then I am not looking for appeasement, merely the right to practise my profession unconstrained by the predatory ambitions of so-called 'dispensing doctors' who, not content with the generous rewards from practising their own profession, also seem intent on destroying mine.

When one is talking about the intention rather than the letter of the law, then Dr Roberts has ignored the most important of all loopholes and that is the anachronistic one mile clause, which still allows doctors to dispense in rural areas when a pharmacy is next door to the surgery!

So-called dispensing doctors are trapped in a time warp of their own distorted making. They have convinced themselves of their own omniscience while their true motives lie in the vaults of the local bank.

The rural patient deserves better than this and has the right to enjoy a depth of health service no different



from those of their urban counterparts. If pharmacy is at last able to use the letter of the law to achieve this purpose, then I, for one, am all for it!

## More than a whiff of opportunity

Every winter, it is the same old story. As the number of colds increases, so does the demand for the now discontinued Wright's Vapouriser. The few electric machines that are sold are zealously guarded and, though I am still able to supply the fluid and blocks for these, anyone with the old candle-driven variety can no longer buy the refills.

It seems a shame that a product that can provide so

much relief has now, for economic reasons, been discontinued. Perhaps some of my demand is false, but I believe there is still a market out there just waiting to be exploited.

If LRC can no longer economically distribute this item, then maybe a smaller company could take over its production and the distribution of the blocks and fluid. I know I could sell many such vapourisers, and with the enthusiasm of many other independent pharmacists, the advertising spend could be minimal.

But time is of the essence. A few more seasons of non-availability and the Wright's Vapouriser will have become yet another fond memory of my rapidly receding youth.

## Judgment reserved

New Gaviscon Advance has been launched as an improved low-sodium, more concentrated version of its predecessor. I normally view anything that claims to be 'new improved' with critical suspicion because this invariably means further fragmentation of the market while increasing my stock.

However, and despite being sold to by an agency representative, which I hate, in this case I am prepared to reserve judgment because it does make sense to reduce the dose to the familiar levels of most other liquid medicines.

The dose of the old formulation is 20ml four times a day, but few patients take, or doctors prescribe, this. In fact, when a local surgery went over to a 56-day prescribing routine at this recommended dose, I had a number of surprised patients who needed strong arms to take away their two months (four and a half litres) supply of Gaviscon!

The changed formulation should enable more rational prescribing and dosing for what is already my most heavily-used 'stomach' medicine. I only hope that Reckitt & Colman does not persist in marketing both formulations for too long. The rationale of the new is too compelling to allow the old to remain for more than a few short months.

## The salaried service

The end of 1996 was dominated, as far as GP politics was concerned, with the White Paper on Primary Care. One of the proposals mooted was the idea of GPs being employed by either NHS trusts or even private companies. This has resurrected a debate within the profession about the merits of a salaried service compared to the self-employed status currently enjoyed by GPs. The debate has simmered for some time, and the salaried option has particular appeal for some new entrants into general practice.

After all, being an employee means a contractual obligation for working well defined hours. Equally, there is a regular salary, independent of the financial success or failure of the practice. Perhaps most importantly for GPs, being an employee means no need to find a large sum of money to buy into an existing practice. However, there is still no guarantee that these advantages will entice more doctors into general practice and ease the current recruitment problems.

## Being an employee means not finding a large sum of money to buy into a practice

As always there is a downside. It's likely there will be a loss of influence, with the GP no longer having a powerful voice in the running of the practice. In fact, it's possible the commercial concerns of the employer may clash with the clinical concerns of the doctor. This could lead to an erosion of the patient-doctor relationship.

A recent survey of GPs revealed that most (62 per cent) were against the principle of being employed by private companies or trusts, though younger respondents tended to show more of a preference for a salaried service. If a salaried scheme were to be introduced nationally, then how would it be priced?

Would there be local pay bargaining? After all, some areas are more attractive to work in than others. Or would there be a nationally-agreed salary scale regardless of location? It may well be that exchanging self-employed for employee status would still not rid GPs of the problem of haggling over their terms and conditions.

*By Dr Harry Brown, A GP practising in Alwoodley, Leeds.*





# Any body can suffer from the discomfort of problem dry skin ...

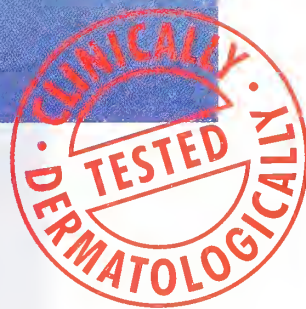
Announcing the UK launch of Eucerin — a new range of dermatological skincare products, specially formulated to provide effective relief from problem dry skin.

Established successfully in countries around the world, **Eucerin** is the number one dermatologist recommended product in the USA for dry skin conditions.\*

Containing ureo, a natural moisturiser found in healthy skin, Eucerin is available as a lotion, cream or shower therapy to suit the individual dry skin sufferer.

Eucerin will be supported by a **£1 million launch campaign** including heavyweight sampling, consumer and health professional promotion, high impact point-of-sale material, and an extensive PR campaign.

Ensure **you** have stocks of Eucerin to meet consumer demand, and place an order through your Dendron representative.



**Eucerin®**  
DERMATOLOGICAL SKINCARE

**DRY SKIN**



... relieves the discomfort of problem dry skin



# SCRIPTspecials

## Glaxo's Zofran Syrup

Zofran (ondansetron), Glaxo Wellcome's 5HT<sub>3</sub> anti-emetic, is now available in a sugar-free strawberry-flavoured syrup (4mg/5ml). The syrup is especially formulated for adults and children who find it hard to cope with tablets or who have swallowing difficulties as a result of therapy-induced mouth ulcers or dry mouth. A ten-dose, 50ml bottle costs £40.50.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

## Zoton's new indication

Zoton (lansoprazole) has been licensed to treat reflux-like symptoms (eg heartburn) and/or ulcer-like symptoms (eg upper epigastric pain) associated with acid-related dyspepsia. The dosage for acid-related dyspepsia is 15-30mg once daily for two to four weeks. Possible hypersensitivity reactions have also been added to the Data Sheet under the 'side-effects' and 'contra-indications' sections. Wyeth Laboratories. Tel: 01628 604377.

## Shire distribution deal

Hoechst Marion Roussel has appointed Shire Pharmaceuticals as its exclusive UK distributor of Cyclogest, Suprecur and Suprefact. AAH will continue to handle distribution of these products to hospitals. Shire Pharmaceuticals Ltd. Tel: 01264 333455.

## APS/Berk captopril

APS/Berk is launching its own range of generic captopril on February 13, when the existing patent expires. The prices of a 56-tablet pack of 12.5mg, 25mg and 50mg will be £10.03, £11.43 and £19.48 respectively. The company has also taken over distribution of Alfa D capsules (alfacalcidol) from DuPont Pharmaceuticals. APS/Berk Pharmaceuticals Ltd. Tel: 0113 2380099.

## Capoten patient packs

Bristol-Myers Squibb is introducing patient packs for Capoten 12.5mg (56 tablets, £10.56), 25mg (84, £18.05) and 50mg (84, £30.75). It has also discontinued Noctec capsules (chloral hydrate 500mg) and all stocks are now exhausted. Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0151 604 2000.

## New improved dithranol formulation

Micanol is an improved dithranol formulation for the treatment of stable plaque psoriasis. The novel Crystalip system encapsulates dithranol particles in lipid crystals and delivers the active ingredient by controlled release. This protects dithranol against breakdown by air, enhancing stability and avoiding the need for preservatives which might cause sensitivity.

According to Evans Medical, the cream is less likely to stain the skin and clothes than traditional dithranol formulations. It is less messy to apply and rapidly forms a dry, non-sticky surface which tends not to spread and irritate surrounding areas of normal skin.

There are two strengths – 1 per cent (50g, basic NHS price \$7.98) and 3 per cent (50g, \$9.94). Treatment should start with the lower

strength, applying once a day to the affected area only. The cream is washed off with lukewarm water within ten minutes of the first application, increasing application time to 30 minutes over a week or so. If there is no irritation after one or two weeks, the strength can be increased to 3 per cent. The higher strength can be used from the start if patients are known to tolerate dithranol well.

Micanol should be used daily until the skin texture is normal and no longer raised. It should not be used on the eyes, on the face or mucous membranes, genitalia, in skinfolds, or on blistered, raw or oozing skin, or in acute pustular psoriasis or skin inflammation, including folliculitis and erythroderma. If excessive redness occurs, the frequency or concentration should

be reduced, and the product discontinued if there are sensitivity reactions on surrounding skin.

It is not recommended for use in infants and young children, and should be used in pregnancy or lactation only if clearly needed, avoiding the breast area. Withdrawal of steroids may produce a rebound effect, so there should be a gap of one or two weeks before starting Micanol, during which time a bland emollient can be used.

The 1 per cent cream is a P medicine and the 3 per cent is Prescription only. Dermatologists recommend that pharmacists refer first-time patients to a GP for diagnosis, although the lower-strength cream could be safely sold to someone who knows they have psoriasis.

Evans Medical Ltd. Tel: 01372 364000.

## New delivery system for Crystacide

Evans Medical is also using the new Crystalip delivery system (see above) for Crystacide hydrogen peroxide cream.

The cream is a wide spectrum antimicrobial for the treatment of primary and secondary superficial skin infections. It is active against both Gram-positive and Gram-negative bacteria and, in the laboratory, certain types of fungus.

The new delivery system stabilises the hydrogen peroxide, preventing its rapid breakdown in contact with air. It avoids the need for emulsifiers, anti-oxi-

dants and preservatives, helping to reduce skin sensitivity. The controlled release of hydrogen peroxide over several hours also minimises the potential for irritation. A trial involving nearly 400 patients with impetigo found no evidence of bacterial resistance.

A P medicine, Crystacide is also prescribable (10g, £2.85; 25g, £4.78 basic NHS prices). It is applied two or three times daily or when required. If an occlusive dressing is used, it should be applied only once daily.

Evans Medical Ltd. Tel: 01372 364000.

## Suscard Buccal supply

Suscard Buccal 3mg tablets are temporarily available on emergency supply only. Stocks of other strengths are unaffected. Pharmax Ltd. Tel: 01322 550550.

## Roferon-A pre-filled syringe

Roche has introduced Roferon-A (interferon) in pre-filled syringes to ease self-administration by the patient. The basic NHS price is £16.96 for the 3miu syringe, £25.44 for 4.5miu, £33.92 for 6miu and £50.88 for 9miu.

Roche Products Ltd. Tel: 01707 366000.

## Fybozest GP launch

Fybozest, the soluble ispaghula drink for lowering cholesterol (C&D November 16, 1996) has been launched into community pharmacy. It is indicated as an adjunct to dietary advice for improving the management of mild to moderate hypercholesterolaemia. The price for a one-month supply of Fybozest is £6.43 for a 265g tub, containing 60 standard doses. A new survey from the Family Heart Association has found that more than three-quarters of GPs gave dietary advice for improving the management of mild to moderately raised cholesterol levels, but they recognise that patients have difficulty complying with this.

Reckitt & Colman Products. Tel: 01482 326151.

## Accusite: novel treatment of genital warts

Accusite, a new treatment for genital warts from Matrix Pharmaceuticals, is injected directly into the affected areas.

Accusite Injectable Gel (basic NHS price, \$72.18) consists of two components: one pre-filled syringe of fluorouracil gel 30mg and one pre-filled syringe of adrenaline solution 0.1mg which have to be mixed together. The injection should be administered by the doctor intradermally or intralesionally to each external genital wart.

A treatment course consists of once weekly injections for up to six weeks or to complete response (depending on the extent of local cutaneous

action). A second course can be started if warts persist.

Direct administration is an effective approach to the management of genital warts, providing high drug concentrations locally. In trials, Accusite was found to be well tolerated (adverse effects confined to the injection site) and particularly suited to patients with multiple and recurrent warts.

The efficacy rate of the treatment for small warts was 87 per cent and for all warts 75 per cent. The majority of patients achieved a complete response in an average 4.75 weekly injections.

Matrix Pharmaceuticals Ltd. Tel: 01628 491429.



NEW  
1% HC  
MAXIMUM  
STRENGTH  
PERMISSIBLE  
O.T.C.

If you don't stock NEW  
Proctocream HC – you won't  
be sitting comfortably.



Are your customers sitting comfortably or are they just uncomfortable about their pile treatment?

Well now there's NEW Proctocream HC the first over-the-counter treatment for piles to combine an anti-inflammatory (hydrocortisone) and an anaesthetic to help ease the swelling while it stops the pain – offering your customers a unique answer to the problem of painful piles. And at just £3.89, they'll get twice the benefits without it

being double the price. With extensive point-of-sale and support material, NEW Proctocream HC will be making its presence felt, and with further activity later in the year, your customers will be left with no doubts as to the benefits NEW Proctocream HC can offer them. So when the question of painful piles is asked, the answer is simple – choose the dual action properties of NEW Proctocream HC.

**Product Information. PROCTOCREAM HC Presentation:** Proctocream HC, Hydrocortisone acetate 1% w/w and Pramoxine hydrochloride 1% w/w in a white cream base. **Dosage and administration:** Apply after bowel evacuation morning and night up to 4 times a day, with finger, on to affected area. For internal rectal use: Remove cap from tube and apply applicator. Squeeze tube to fill applicator and gently insert into rectum. Squeeze tube carefully to force cream into rectum. Wash applicator after each use. Not recommended for children under 18 years. **Uses:** Relief of pain, swelling, irritation and itching associated with uncomplicated internal and external piles.

**Warnings:** Do not use for periods longer than 7 days. **Precautions:** Should not be used by patients with known sensitivity to pramoxine or other ingredients. Not to be used in pregnant or lactating women. Compatibility with barrier methods of contraception has not been demonstrated. Seek medical advice if symptoms worsen or do not improve within 7 days. Although uncommon, local burning or itching may occur. **For external use only. Legal category: P. Cost inclusive of VAT: £3.89** **Product licence number:** PL 0036/0065 **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation** Jan 1997.

STAFFORD-MILLER AND YOU – BUILDING BRAND LEADERS.



# COUNTERpoints

## Try Retinol out for Exxxtra size

Retinol UK is introducing a new trial size of its Exxxtra Strength Vitamin A Cream, which will be available from February 1.

The vitamin A content in the product has been calculated at an optimum

dosage. It is combined with the natural bio-activity of Chitosan PCA, the natural extracts from the shells of marine crustaceans.

According to the manufacturer, daily application will help soften the appearance of wrinkles and give dehydrated, tired skin a more robust complexion with a healthy-looking glow.

It is claimed that the benefits of the product may be seen after a few weeks' use.

Retail price for the trial size is \$5.95 (14g).

**Giorgio J (UK) Ltd.**  
Tel: 0171 235 3334.



## New look for Crookes' E45 range

Professional recognition of the role of emollients as a first-line treatment for eczema and other dry skin conditions has prompted the January re-launch of the E45 range from Crookes Healthcare. To highlight the medical efficacy of the products, new packaging and revised pack copy have been adopted across the range.

The new packaging keeps the strong white pack colour, and the blue and pink E45 tablet appears prominently. The word 'dermatological' is now found above the logo and the distinctive blue lettering has been enlarged for each product name. The word 'emollient' has also been added above both the

Bath and Wash.

In addition to the new packaging, the range has been extended to include a 500ml pack of E45 Bath (\$7.15), as well as 250ml packs of E45 Bath (\$4.49) and E45 Wash (\$4.49).

The range will be supported by a heavyweight consumer awareness programme, involving a 'Dear pharmacist...' style series of press advertorials in the women's and parenting titles. The advertorials will take a question and answer format, which will encourage customers to ask for advice.

E45 has also produced two new skin reports entitled 'Eczema' and 'Dry Skin Conditions, Including Psoriasis'. Both are available to pharmacies for display and can be obtained by writing to: E45 Skin Reports, PO Box 193, Nottingham NG7 2HA, stating which of the two booklets is required.

**Crookes Healthcare Ltd.**  
Tel: 0115 9539922.



## New player in cold sore market

February sees the arrival of a new cold sore treatment, Herpetad from Windsor Healthcare. Developed in Germany, Herpetad contains 5 per cent aciclovir and is presented in a 2g tube, retailing at \$4.69.

The cream should be applied every four hours, five times a day, to cover the afflicted area and the surrounding skin. The usual regime is five days, but if the cold sore has not completely healed at this stage, treatment should continue for another five days. If it is still present after ten days of treatment, the sufferer should be referred to their doctor.

Clinical trials for the active ingredient have shown that, if applied at the initial tingling stage, then the rash can often be prevented altogether.

The packaging has



been designed to highlight Herpetad's ethical pharmaceutical development, with the strapline 'Early treatment can stop a cold sore'. Windsor Healthcare is supporting the launch with an extensive consumer and

trade support programme, as well as a heavyweight PR campaign to include women's press advertorials and a consumer advisory service.

**Windsor Healthcare Ltd.**  
Tel: 01344 484448.

## New salicylic skin care system launched by Almay

Clear Balance Skincare System by Almay is the first skin care range to fully utilise the benefits of salicylic acid. It is suitable for oily, combination, normal to

oily and normal skin.

The Clear Balance System, available from February, consists of Pore Clarifying Cleanser (200ml, \$6.50); Pore Clarifying Solution

(200ml, \$6.50); Moisture Lotion (50ml, \$7.95); and Moisture Cream (100ml, \$7.95).

**Revlon International Corporation.**  
Tel: 0171 629 7400.

## Kneipp bath oils range is back

The Kneipp range of therapeutic Herbal Bath Oils has been relaunched by Crowncrest Associates.

The first products in the range to be re-introduced come in a presentation set, which contains six 15ml bottles of the following fragrances: Rosemary; Linden & Orange Blossom; Juniper; Spruce & Pine; Eucalyptus; and Lavender.

The suggested retail price for the presentation set is \$7.95.

**Farillon Ltd.**  
Tel: 01708 379000.

## PEP yourself up with Galpharm

People seeking relief from temporary tiredness can now reach out for PEP, a new dextrose and caffeine tablet from Galpharm.

PEP, which helps to overcome both physical and mental tiredness, contains caffeine 30mg and dextrose 150mg in each tablet. Galpharm hopes to attract new users, specifically students, young mothers and sportsmen. Independent research has shown that this group offers the largest opportunity over and above current users.

PEP comes in 24-tablet



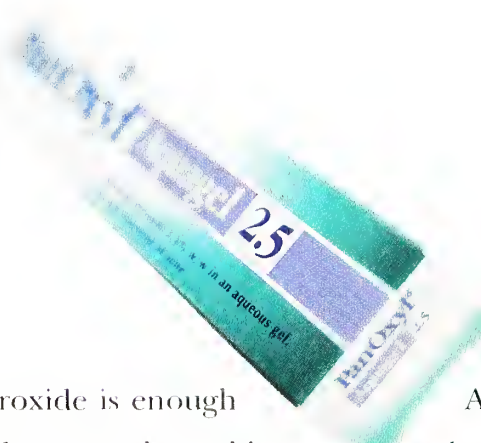
packs retailing at \$1.69.

Products currently available for temporary tiredness have contributed to a 50 per cent increase in market size over the past two years.

**Galpharm International Ltd.**  
Tel: 01226 779911.



# Spots can't take it, but young skin can.



If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl

Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.<sup>†</sup>

**PanOxyl<sup>®</sup> Aquagel 2.5**  
Appropriate action against mild acne

<sup>†</sup> In a clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996)

**Product Information:** **Presentation:** PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. **Uses:** For the treatment of mild to moderate acne. **Dosage and Administration:** The gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 10g £3.10. **Product Licence Number:** PL0171/0019. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holspur Lane, Woodburn Green, High Wycombe, Bucks, HP10 0AU. **Date of Information:** October 1996.





# Bronnley hatches Easter idea



With Easter gift purchases in mind, Bronnley has introduced a selection of novelty egg-shaped soaps

packed in elegant tins. Decorated in a lavish Fabergé-inspired style, the tins come in packs of two, with soaps in Blue

Poppy, Pink Bouquet or Iris fragrances (rsp \$4.95 per set).  
**H Bronnley & Co Ltd.**  
**Tel: 01280 702291.**

## Best buys ...

... from **AAH Pharmaceuticals** for February include such products as **Kleenex tissues** and **Just for Men hair colorants**. Other discounted lines with higher **PORs** include **Gillette shaving products**, the **Solpadeine** and **Anadin pain relief ranges**, and the **Eucerin body products range**.

**AAH Pharmaceuticals Ltd.**  
**Tel: 01928 717070.**

## Fennings availability

**Fennings Little Healers and Children's Cooling Powders** have not been discontinued and are still widely available through the usual wholesalers.

**Anglian Manufacturing Chemists Ltd.**  
**Tel: 0171 588 5971.**

## Piz Buin's high protection racket for sun tanning

**Zyma Healthcare** has introduced eight new lotions and creams in the **Piz Buin** range.

This season sees the launch of an **SPF 30 Lotion and Cream**, which provide the highest protection in the range. **Piz Buin SPF 30** has been designed for those with fair and delicate skins and for extra-sensitive areas.

Another new high factor product is the **SPF 20 Stick**, which comes in a handy pocket size and helps to protect and moisturise the lips.

For children there is now **SPF 30 Baby Cream**, which is enriched with panthenol moisturisers.

New, too, is **Jet Bronzer Cream (SPF 6)**, which is the first product

in the **Piz Buin** self-tanning range to incorporate a sun protection factor.

Over the summer period, the brand will be supported by a print and television advertising campaign worth around \$2 million. Trade promotions are also planned.

**Zyma Healthcare.**  
**Tel: 01306 742800.**



## Soft & Gentle freshens up its image

**Colgate-Palmolive** has relaunched its **Soft & Gentle** range with a fresh new look.

Both the aerosol and roll-on formats are now in subtly-coloured packs with clearer colour cues for variant differentiation.

The non-sting message is highlighted on-pack and a full ingredients list is featured on the back in

readiness for this year's legislative changes.

The brand is supported by a \$3 million 'Girls' Talk' television advertising campaign. Launched last year, it has just won the *New Woman* magazine Beauty Awards 'best advertising campaign' for 1996.

**Colgate-Palmolive Ltd.**  
**Tel: 01483 302222.**

## Scent of sponsorship

**Parfums Cacharel** has teamed up with **Kiss 100/Kiss 102 radio** in a sponsorship package for the 'Look of 97' model competition. On-air in London and Manchester, the contest will be launched on January 31, running for two months.

**Prestige & Collections Ltd.**  
**Tel: 0181 979 6699.**

## Pigeon post

**Santo Products** is now the distributor for **Pigeon Mag Mag baby products**. The range includes breast pads, nursing cups, spout and straw cups, infant toothbrush sets, training toothbrushes, baby nose cleaners and bottle holders.

**Santo Products Ltd.**  
**Tel: 0181 381 2536.**

## ON TV NEXT WEEK

**Aquafresh Whitening:** U

**Avril:** C4, BSkyB

**Beechams Powders:** All areas except U

**Belle Colour:** All areas

**Benylin Cough:** All areas

**Benylin Four Flu:** All areas

**Buttercup:** B, G, Y, BSkyB, TT, C4, GMTV

**Canesten:** LWT, CAR

**Colgate Total toothpaste:** All areas

**Day & Night Nurse:** All areas

**Diffucan One:** LWT, CAR

**Head & Shoulders:** All areas

**Johnson's Baby Breatheasy Bath:** All areas

**Just for Men:** All areas

**Karvol:** All areas

**Locketts:** All areas

**Macleans Whitening:** U

**Meltus:** STV, B, G, Y, C, CAR, GMTV

**Mu-Cron:** U, B, G, Y, C, M, CAR, TT, GMTV

**Nizoral:** All areas except Y, CTV, CAR, TT, GMTV

**Nurofen Cold & Flu:** All areas

**Oxy Sensitive:** All areas except U

**Panadol Extra:** U

**Panadol Night:** All areas

**Pantene:** All areas except GMTV

**Redoxon Slow Release:** C, A, HTV, W, M, LWT, CAR, TT

**Sensodyne Toothpaste:** All areas

**Solpaflex:** All areas except U

**Strepsils Dual Action:** All areas

**TCP:** All areas

**Wash & Go:** All areas

**Wella Experience:** All areas

**Wella Flex:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry



Panpharma expects 30 million people to watch 'Harry' experience Movelat Relief when the new advertising campaign breaks on February 1.

To capitalise on the successful launch of the product last year, Panpharma is supporting the product with a \$2.5 million spend. This will be the first time that Movelat Relief has been advertised for rheumatic pain and muscular pain alongside the pain

## Here's Harry!



caused by common arthritic conditions.

The television campaign, running throughout February, is being supported by Pharmasite posters, showcards and a pharmacy assistants competition, based on the television commercial.

A major press and PR push, concentrating on consumer magazines, is planned for March and April.

**Panpharma Ltd.**  
Tel: 01494 766866.

## Close shave could win a million

Customers will have the chance to 'win a million' in a new Philishave promotion which runs from February 15 to April 12.

Consumers buying any Philishave model during that time can enter by putting ten benefits of the shaver in order of priority. The winner will be the person whose list matches that of the judges. The \$1 million will be shared out equally if more than one person wins.

Completed entries, plus till receipts, must be submitted by April 26.

Every entrant will receive a \$5 cashback voucher to be redeemed against any Philips' small appliance product.

The competition will

be supported by colourful showcards incorporating a supply of entry forms. Advertising is planned in high-circulation national newspapers, such as *The Sun*, *News of the World* and *Daily Mirror*.

**Philips Home Appliances.**  
Tel: 0181 689 2166.



## Carson's relaxing answer for Afro hair excellence

Carson Products has introduced the Excelle Salon Performance relaxer and hair care range for Afro hair.

It features a moisturising formulation, which is designed to counteract dryness

problems associated with Afro hair.

The Relaxer System includes a Pre-Relaxer Moisturiser, No-lye Conditioning Relaxer, and Neutralising and Decalcifying Shampoo.

The Maintenance

System features Silky Sensation Shampoo, 5-Minute Reconstructor and Moistureseal Leave-in Conditioning Mist.

Retail prices range from \$2.95-\$4.80.

**Phils Wholesale Ltd.**  
Tel: 0181 743 1357.

## QUESTIONS & ANSWERS

Dressings are being prescribed more regularly as more patients are treated in the community. But it pays to know how dressings are priced in the Drug Tariff ... this endorsement would cost a pharmacist dear, as the Pharmaceutical Services Negotiating Committee explains

### Questions

- 1 Would this endorsement be accepted?
- 2 Can out of pocket expenses be claimed?
- 3 Could broken bulk have been claimed on this item?

### Answers

- 1 No. As Granuflex is priced per piece in the Drug Tariff, 2 OP would be two single dressings.
- 2 No. Out of pocket expenses cannot be claimed on items listed in Part IX of the Drug Tariff.
- 3 No. Broken bulk cannot be claimed on items listed in Part IXA of the Drug Tariff.

12 years		Initials and one full forename	
yes mths		Address	
Pharmacy Stamp			
Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
<p>GRANUFLEX 10 x 10 cm</p> <p>2 x 10 disp £1.20 out of pocket expenses</p> <p>2 x OP</p>			
Signature of Doctor		Date	





GETS CUSTOMERS MOVING AND CASH FLOWING

ABBREVIATED PRODUCT INFORMATION

**Presentation:** Movelat/Movelat Relief Cream contains mucopolysaccharide

polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base.

Movelat/Movelat Relief Gel contains the same active constituents in a colourless gel base.

**Indications:** Movelat/Movelat Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat/Movelat Relief Cream: Two to six inches (5-15cm) to be massaged into the affected area up to four times daily. Movelat/Movelat Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times daily. **Contra-indications:** Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes.

**Precautions:** For external use only. Not to be used during the first trimester or during late pregnancy. **Side-effects:** Allergic skin reactions may occur in individuals sensitive to salicylates.

**Legal Category:** P. **Pack Details:** Movelat/Movelat Relief Cream (PL 8265/0008), Movelat/Movelat Relief Gel (PL 8265/0009).

**Trade Price:** £4.14 per 100g tube, £2.51 per 40g tube.

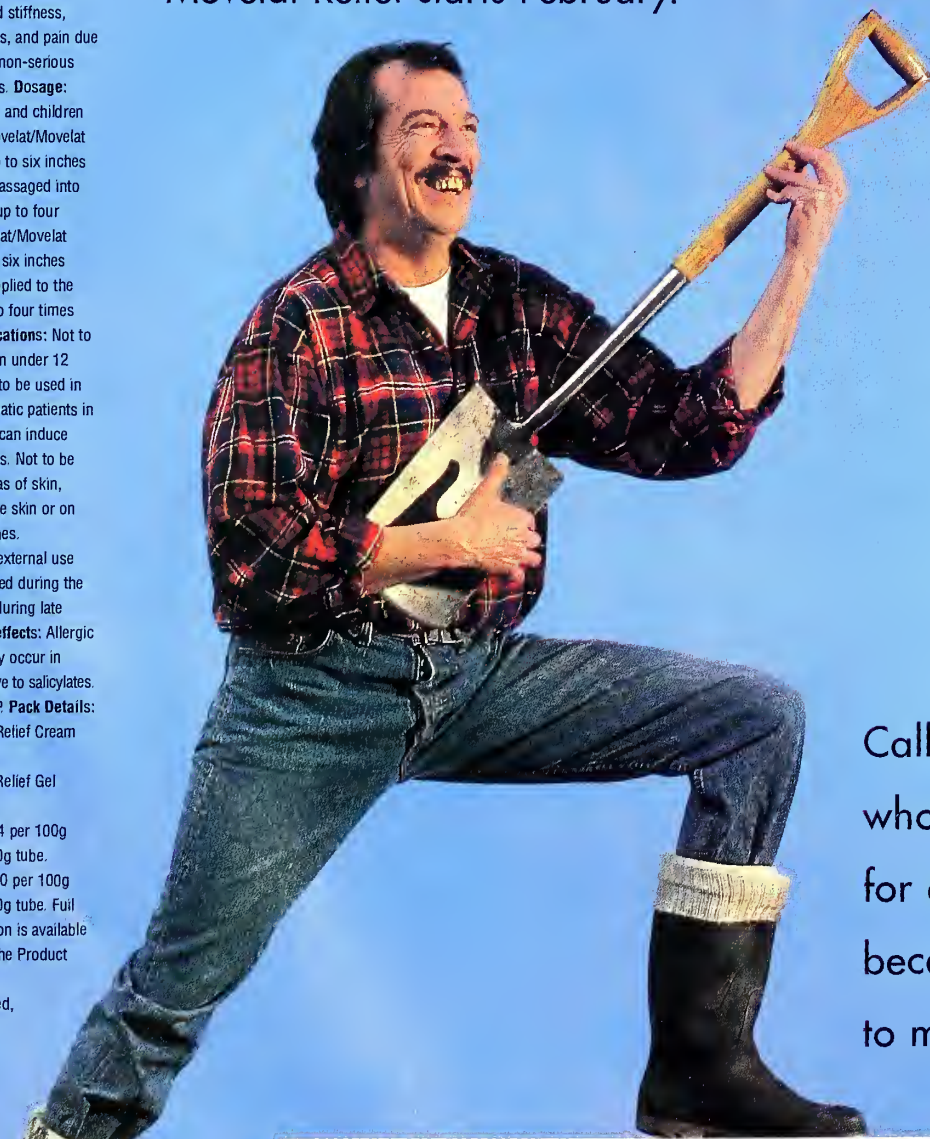
**Retail Price:** £7.30 per 100g tube, £4.40 per 40g tube. Full product information is available on request from the Product licence Holder.

Panpharma Limited,  
Repton Place,  
Amersham.

**Preparation:**  
January 1997.

# Stock up for a sell out performance on the 1st February

Over 30 million adults are about to watch Harry experience Movelat Relief. A new national TV and poster campaign for Movelat Relief starts February.



Call your  
wholesaler today  
for extra stocks  
because we aim  
to move it.



**Movelat**<sup>®</sup>  
*Relief*

mucopolysaccharide polysulphate (MPS), salicylic acid



Now with extra  
sales potential

*Common arthritic pain - Rheumatic pain - Muscular pain*



# Team effort

Health First pharmacy, run by a husband and wife team, won last year's Glaxo Wellcome/*Chemist & Druggist* Community Pharmacy Award: from Practice to People for forging links with other professionals. **Adrienne de Mont** went to see **Mahua Das** and **Ash Pandya**

Every pharmacy needs a practice manager, according to proprietor pharmacist Mahua Das. She should know – she's married to one.

Her husband, Ash Pandya, trained as a microbiologist and worked in financial services before giving up his job to become Mahua's full-time practice manager at the Health First pharmacy in Walthamstow, east London. He has enabled Mahua to expand the professional services she offers and their prescription business has more than doubled since they bought the pharmacy five years ago. Ash has set up a pharmacy practice group with other local independents, held health promotion days and co-operates with GPs on various projects.

Says Mahua: "Although it is probably too expensive for most independents to employ a practice manager of their own, three or four pharmacies could share one who could co-ordinate various activities of benefit to all. GPs now have practice managers to help run their businesses, so why not pharmacies? It's very difficult for single-handed proprietors to extend their professional activities – they are tied to their premises and torn between talking to patients, doing the dispensing and going to meetings."

"The practice manager doesn't have to be another pharmacist. In fact, many pharmacists don't

have the in-built communication skills needed to liaise with other health professionals, nor do they have much formal business training. You need someone with marketing and project development skills – and who enjoys talking!"

Ash has set up a pharmacy practice group with two other independents in Walthamstow – Medicos and The Pill Box – and plans to invite others in London E10 and E17 to participate in joint professional activities. He hopes the group will grow to 15 pharmacies. The aim is to co-operate on health promotion projects and offer special services to patients with asthma, diabetes and hypertension.

Each pharmacy will take turns in offering a special service that will be advertised by posters and leaflets in all the pharmacies. It could be asthma treatment monitoring, diabetes screening or blood pressure measurement, and the group already advertises that it can supply or rent equipment such as nebulisers, glucometers, blood pressure monitors and disability aids.

"We're trying to get across the idea that independents can supply these items as well as the multiples," says Ash.

The group meets every other week, usually ending up at a nearby restaurant for a meal. They are seeking health authority funding for a diabetes project in which nurses and surgeries will refer patients who need



Mahua and Ash in the pharmacy. 'Mo' qualified in 1984 after graduating from the London School of Pharmacy and a pre-registration year at Moorfields Eye Hospital. After doing community pharmacy locums, and managing an independent, she and Ash bought Health First in 1991

monitoring. The pharmacists will take it in turn to see patients by appointment, possibly on one day a week at a central pharmacy. During less busy times, individual pharmacies could offer their own walk-in service for customers. The consultations will be free to patients and, hopefully, the pharmacists will be funded by the health authority.

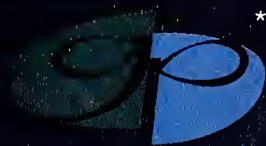
Although patients will be drawn to other pharmacies for special consultations, Ash believes they will still take pre-

scriptions to their usual pharmacy. So there should be no problem of one pharmacy 'stealing' business from the others.

He says: "We've stressed that we must trust each other and that we have to move away from the concept of being in competition all the time. There must be an element of give and take. We have to accept that, as independents, we've got to work together as this is the way for-

Continued on P18 ►

A key provider in the supply of multisource pharmaceutical products.



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Wyeth

A Wyeth Business



◀ Continued from P17

ward to keep up with Tesco, Boots and the like. Hopefully, too, health authorities will realise that by using pharmacies in this way they can meet health promotion targets."

His interest in health promotion was stimulated during his five years as a committee member of the Jacksons Lane Community Centre in Highgate. The centre, in a converted church, runs a theatre, after-school clubs and several other community activities. Now vice chairman, he has organised health days there and invited local pharmacists, GPs, dietitians, alternative practitioners, self-help groups and the social services to take part. His involvement with the community centre gave him valuable experience for projects in the pharmacy.

Last year, Ash and Mahua co-operated with the London School of Pharmacy in an asthma audit involving the GP surgery across the road. Patients bringing prescriptions from the surgery filled in questionnaires about their asthma control.

"Although the results are still being written up, we found that inhaler technique was grossly at fault," says Mahua. "Most people thought they were using their inhalers correctly, but when we tested them they weren't getting

much benefit at all. We also know that manufacturers recommend patients to change their nebuliser chamber and tubing every three months, yet no patient has asked us for a new chamber in five years – which makes us wonder if they are being used correctly."

Hence the idea for asthma clinics in the pharmacy. "Hospital or surgery clinics are often inconvenient for people who go out to work, whereas we are open six days a week and until 6.30pm on weekdays. One of the quietest periods for us is Saturday afternoon, when many people have gone to the major shopping centres, so that's an ideal time to run our own consultations."

Another venture was to offer a 'Health MOT' at pharmacies in the group. Customers made an appointment to see a doctor who carried out blood pressure and diabetes checks, body fat measurement, peak flow tests, etc, and gave advice on lifestyle and diet. The idea of asking a doctor to do the checks was to instill patient confidence, as well as making the doctors feel confident about working with pharmacists. Two or three doctors were on call for the service.

"They were very happy to do it and felt it was a good way of working together," says Ash.

Health First gives advice to four surgeries within a half-mile radius, but its closest relation-



With the GPs across the road: Drs Graham Taylor (centre), George Sowemimo and Florence Oraelosi

ship is with Dr Graham Taylor and his colleagues across the road. Ash or Mahua drop in every day to help monitor patient medication and discuss any problems. They attend meetings every month with the full primary care team and meet the doctors alone on a four- to six-week basis to discuss ongoing projects.

Mahua has helped reduce drug wastage by encouraging the GPs to standardise prescriptions to 28 or 56 days supply and by holding regular 'brown bag surveys' to see which medicines patients actually need. The next step is to help with PACT data on a formal basis. She and Ash have devised a dressings formulary, and have plans to put together a formulary for hypertension treatment and another on palliative care.

They also give the surgery feedback on patient complaints.

"If four or five patients come in grumbling to us about something, such as long waits for an appointment, we have a word with the practice manager so she can try to put it right," says Ash. "The surgery doesn't mind us telling them as it helps them improve their service. It works in our interest too – we want patients to stay with the surgery, so they continue to bring prescriptions to us!"

Mahua employs a locum two days a week, so she can spend more time with their two-year-old daughter, Priyanka. They have a counter assistant on three days a week, but are thinking of employing a full-timer, as Ash is becoming too busy developing professional activities.

"People often say to us how can you work together all day then be together in the evenings as well?" says Ash. "I reply that we have completely different roles. I'm often out at meetings or at the surgery or working upstairs on new projects. So sometimes we don't see each other for days!"

Besides the increased job satisfaction, another benefit of expanding in the way they have is that they don't need huge premises. They also feel that teamworking – both with other pharmacists and other health professions – is the best way to increase remuneration in the current economic climate.

"As competition gets tighter, it will be difficult for independents to turn over OTC products, but if you can create niche markets and expand service-based areas, this will help you survive and prosper," says Mahua. "The beauty of this is you don't need a large shop in which to do it."

## AAH Pharmaceuticals launches Hillcross ranitidine early



Customers of AAH Pharmaceuticals will have access to ranitidine a full five months before it comes off patent – thanks to a partnership between the AAH Pharmaceuticals' Hillcross brand and Generics UK.

Generics UK has obtained a licence which allows the sale of ranitidine as early as February, and AAH Pharmaceuticals has secured a substantial amount of stock for Hillcross customers.

However, between February and July, when ranitidine comes off patent, stocks generally are expected to be extremely limited, only meeting about one-third of the expected number of generic prescriptions.

So to be as fair as possible to Hillcross customers, AAH Pharmaceuticals has devised a system whereby the more they spend on Hillcross products the more Hillcross ranitidine they can order.

Based on an allowance of 25 per cent, it means that for every £100 spent on Hillcross products in, for instance, February, the customer will be entitled to spend £25 on ranitidine in March.



Ash Pandya at work upstairs in his practice manager's office, which can also be used as a consulting room



# PHARMACYupdate

## Stoma care

A review of stomas, appliances and associated problems I



## Stoma care in practice

A look at the pharmaceutical needs of stoma patients in the community III

## Dry skin conditions

Atopic eczema, contact dermatitis and dry skin highlighted VII



# Stoma care

In a two-part article on stoma care, **Mary Allen**, a freelance pharmacist with a special interest in the subject, reviews the types of appliances available and highlights problems that may arise

**A**round 100,000 people in the UK have a stoma. The majority of these have colostomies, with ileostomies and urostomies making up the remainder.

All stomas are formed to create a new opening for evacuation of body waste. The type of stoma determines the appliance used, but common to all is the need for a bag to collect body waste and a means of attaching this to the body. Differences include drainage requirements and the types of adhesive used.

Each year about 18,000 stoma operations are performed – around half of these are for permanent colostomies. Increasingly, temporary colostomies are being formed (around 6,000 operations per year) following surgery on the digestive tract to allow rest and healing.



Around 100,000 people in the UK have a stoma

rectum and section of the bowel beyond the stoma are usually removed.

The resultant stoma is usually around 2.5cm wide and protrudes about 0.5-1cm above the abdominal surface. The effluent is firm and well formed, as most of the water content will have been absorbed. Voiding usually occurs only once or twice daily once the stoma has settled down. A closed bag is usually used to collect the solid waste.

Permanent colostomies are formed usually because of:

- 1 rectal or anal cancer
- 2 spinal cord injuries or abnormalities
- 3 irreparable trauma to the rectum.

Temporary colostomies are usually formed in emergency

situations to relieve acute intestinal obstruction or trauma caused by:

- 1 cancer of the colon
- 2 volvulus (a twisting of the intestine)
- 3 diverticulitis
- 4 fistulae
- 5 trauma caused by injuries, for example, road accidents, stabbings, shootings, impalement.

A temporary colostomy is sited just below waist level and is usually formed using a section of the transverse colon by bringing a loop of intestine to the surface and opening it out to form a large dual opening – one section active, the other passive.

A plastic bridge is inserted under the loop to keep it raised above the abdominal incision while the stoma heals

Coloplast



THE COLLEGE OF  
PHARMACY PRACTICE

THIS COURSE (MODULE 40), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* FEBRUARY 8, PROVIDES 1 HOUR OF CONTINUING EDUCATION

## OBJECTIVES

- To distinguish between the different types of stomas
- To be aware of the choice of stoma appliances available
- To understand how to find appliances in the Drug Tariff
- To be aware of common problems associated with stomas
- To be familiar with the effect of drugs on stomas and vice versa

– this is usually removed before the patient goes home.

Sometimes the gut is severed to form two separate stomas – a double-barrelled effect. The effluent from the active section is soft and sometimes semi-liquid, requiring a drainable bag with an open end and clip to allow emptying.

The patient usually undergoes reversal surgery a few weeks or months later, although some temporary stomas become permanent, either because the patient's condition changes or sometimes because the patient elects to opt out of further surgery.

● **Ileostomies**  
Ileostomies are mostly formed in people with enduring ulcerative colitis or Crohn's disease, or cancer of

## Types of stomas

### ● Colostomy

Permanent colostomies are formed by bringing part of the colon to the abdominal surface. The part of the colon and the position may vary but usually the descending colon is involved and the stoma is sited in the left lower quadrant of the abdomen (see diagram overleaf). The

### Box 1: appliance systems

#### One-piece

- single unit

- slim profile

- good for people with poor dexterity or poor eyesight

#### Two-piece

- flange remains in place for several days
- bags clip or stick onto flange and can be removed without disturbing skin
- suit people with sensitive/excoriated skin

Continued on PH



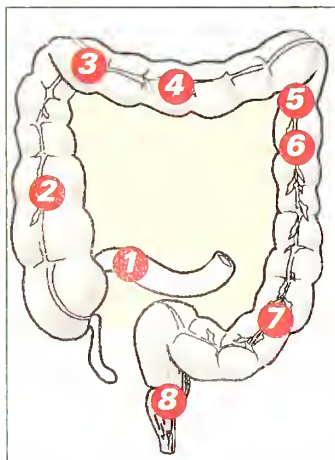
the colon, and are intended to enhance life expectancy and quality of life. They are formed by removing the entire colon and rectum, and bringing a section of the terminal ileum (small intestine) to the abdominal surface, usually on the lower right-hand side of the abdomen. The stoma usually protrudes between 2.5-5cm above the surface.

The effluent is continuous and liquid, and contains digestive enzymes which can damage the skin around the stoma if it comes into contact. The skin must therefore always be protected and the appliance must fit closely to the body. A drainable bag with clip is used for this type of stoma.

#### Urostomies

Urostomies are performed following bladder removal due to bladder or urethral cancer, congenital defects of the bladder or nerve damage. They are formed to divert urine from the bladder. A short length of intestine (usually ileum) is used to form a conduit to carry urine from the ureters to the abdominal surface. The gut is rejoined to allow normal bowel function.

The skin surrounding the stoma must be well protected to avoid damage through contact with urine. A drainable bag with a tap is used to allow the patient to empty the bag or to connect to a leg-bag for night-time collection, if required. Bags are made of clear plastic so that any cloudiness in the urine (indicating possible infection) is easily detected.



**Diagram of a colostomy**  
1 small intestine 2 ascending colon 3 site of temporary colostomy 4 transverse colon 5 descending colon 6 site of permanent colostomy 7 sigmoid colon 8 rectum

#### Box 2: finding a product in the Drug Tariff

- 1 Stoma products are listed in Part IX C
- 2 At the beginning of Part IX C is an index of product groups – these are listed alphabetically (adhesive discs, adhesives, adhesive removers, bag closures, etc)
- 3 One-piece bags are grouped separately as 'colostomy', 'ileostomy' and 'urostomy' bags. Two-piece systems are listed separately under 'two-piece systems' and are grouped according to ostomy type within that section
- 4 Each section lists products alphabetically under manufacturers' names
- 5 Towards the end of Part IX C is a cross-reference of product names and manufacturers, which will help if you don't know who the manufacturer is
- 6 If it isn't in the Tariff, it isn't allowed on NHS prescriptions. If you still lack confidence in your ability to find a product, you can check it with one of the information centres (NPA, PSNC or PPA) to be on the safe side!



### Appliance selection

Appliances fall into two types and selection depends on patient preference (see Box 1):

- **one-piece systems** incorporating both bag and adhesive seal (usually with protective layer and hypoallergenic adhesive)
- **two-piece systems** where the adhesive baseplate or flange is separate from the bag. The flange remains in place on the body for several days (up to a week) and bags are changed without disturbing the skin. Flanges often incorporate skin-protective wafers.

Smaller and more discrete minibags and caps are also used, and may be useful for ostomists with an active lifestyle who want a slim profile for use during swimming, lovemaking and so on. Some permanent colostomists who void only once or twice daily may also prefer to use a stoma plug. This fits into the stoma, closing it off at times when they feel secure that evacuation won't occur.

Additional appliances to consider include:

- **seal/flanges** these generally come in a range of sizes to fit the different dimensions of stomas. People who have irregularly-shaped stomas or ones which don't conform to pre-cut sizes will benefit from uncut flanges (which come with a starter hole to help in cutting).

To aid flange-cutting, patients are usually given a template of their stoma by the stoma nurse, which they then use to cut the flange to shape. This should be done just before use or in small batches so that the flanges are not out of their packets exposed to the air. Where people have poor dexterity or poor eyesight, the pharmacist should offer to do this for them

- **flatus filters** sometimes incorporated into bags to absorb odours and allow flatus to escape. This avoids

the build up of wind in the bag, which, besides causing embarrassment, may cause the bag to become detached

- **miscellaneous** the Drug Tariff also allows a range of other products on prescription, which include deodorants and some older appliances that are still preferred by people who have had stomas for a long time.



### Is it allowed on prescription?

Stoma appliances can be bewildering to the uninitiated and it's easy to panic when presented with a

prescription that may not even give complete details of the items required. The items are often expensive, and dispensing a disallowed item can be a costly mistake.

Most products are, in fact, allowed and those that are not tend to be either those regarded as 'luxury' items or products used immediately post-operatively, such as large-size flanges for post-operative loop temporary colostomies (although in recent years some of these have crept on to the Tariff).

The stoma appliances section of the Tariff is the thickest section in the book,

#### Medicine chart for the stoma patient

Medicine	Possible effect	Problem for
Antacids	aluminium	constipation – can create white speckled faeces
	magnesium	diarrhoea
	calcium	urinary calculi
Antibiotics	gut flora changes – may cause skin irritation or odour	all (potentially) – protect skin well
Antihistamines	some have anticholinergic activity – may cause constipation	colostomists
Antidepressants (tricyclics)		
Antipsychotics		
Beta-blockers	may cause constipation	colostomists
Contraceptive Pill	often ineffective	ileostomists
Diuretics	fluid loss and electrolyte imbalance	can be dangerous in ileostomists – discuss medication change with GP. May be problematic in urostomists.
Lactulose	flatus	colostomists
Opioid analgesics	constipation	colostomists
Enteric-coated tablets	Not absorbed	ileostomists – use plain tablets or liquid formulations
Gelatin capsules	may not break down – drug not absorbed before evacuation	ileostomists and possibly in temporary colostomists – use liquid formulations or soluble tablets
Slow release preparations	may not release drug before evacuation	as above – use liquid formulations or non-slow release tablets in ileostomists and temporary colostomists



## ACTION PLAN

- 1 Look at the next five stoma bags ordered from your dispensary and note their features. Why is there such a divergent range available?
- 2 Discuss with a suitable patient the problems that they originally had with their stoma and any current day to day difficulties.
- 3 Look through the Drug Tariff to get a feel for the range of stoma and incontinence appliances available to stoma patients.
- 4 For each of the next five stoma appliances ordered, trace their corresponding reference number in the Drug Tariff and the order code in the wholesaler's catalogue.
- 5 Introduce yourself to the local stoma nurse and discuss any recent problems you have had. Establish their role in the community and how you can make use of them in the future. *Remember that some patients may be sensitive about their condition.*

yet this merely reflects the vast numbers of manufacturers making what are usually similar products. See Box 2 for tips on finding products in the Drug Tariff.

## Solving problems

Patients may run into difficulties with their appliances, particularly in the early days when the stoma settles down and sometimes shrinks. The following are some common problems to look out for.

### ● Skin problems

These include:

- 1 effluent coming into contact with the skin, particularly in ileostomies (due to enzymes in effluent) and temporary colostomies. Urostomies may also suffer with urine irritating the skin. Changing products or a better fit and using a protective paste or skin barrier should help
- 2 disturbing the skin by too frequent changing of bag, or by using harsh soaps or disinfectants. This is quite likely to occur in those patients who are finding it hard to come to terms with the change in body image. They may feel 'dirty' and become obsessive about cleanliness. Reassurance will help, with advice about using only plain water or mild soap. A two-piece system may help to leave the skin undisturbed for several days
- 3 adhesives causing allergies. Advise changing to a product with a different adhesive.

4 body hair getting in the way. Patients should keep the area in contact with the seal/flange shaved. A skin barrier may help.

### ● Leakage problems

These are generally associated with badly-fitting appliances and changing the product may help. Badly-sited stomas may cause problems with creases and folds in the skin and a filler paste should provide a better fit.

### ● Stomas and medicines

A patient with an altered gut may run into problems with medication: some medicines may affect the stoma (or more correctly the effluent), while the presence of a stoma may affect the absorption of some medicines (see Medicine Chart, pii).

Consequently, it is important to know if a patient has a stoma and, if so, what type, so that you give appropriate advice about both prescribed and over the counter medicines. You should keep a record of stoma type on the patient's patient medication records so that this is considered every time medicines are purchased or prescribed.

Sometimes, patients may continue to be prescribed medication for the conditions which necessitated the stoma in the first place, such as medicines used for ulcerative colitis. You should always question any continued prescribing of these as it often results from bad communication and inadequate discharge planning.

Pharmaceutical care for ostomists should always be patient-focused – remember that the patient is a person who may have needs other than those related to their appliances.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997.

## RESOURCES



**Stoma Care: a self-study course for pharmacists produced by the Northern Ireland Centre for Postgraduate Education and available through the CPPE (0161 237 2058).**

**NPA Guide to the Drug Tariff contains useful information on stoma appliances (01727 832161 – free to members, £30 to non-members).**

# Stoma care in practice

In the second article on stoma care, author **Mary Allen** concentrates on how pharmacists can meet the care needs of the stoma patient

Many pharmacists shy away from providing full pharmaceutical care for people who have undergone stoma surgery. There are many reasons for this: the appliances may seem complicated; the pharmacist doesn't fully appreciate the problems encountered by stoma patients; the non-pharmacy-based appliance contractor market is more favourably paid, and has strong networks with stoma nurses and other agencies.

However, leaving aside remuneration discrepancies, the community pharmacist is in a strong position to provide comprehensive support for patients. All too often, the focus is on the stoma itself, rather than on the patient, and there is a great deal that pharmacists can do to help the rehabilitation of these people after surgery. There are potential problems with the stoma itself, especially in the early weeks; equally there are possible problems with medicines in people whose gastro-intestinal system has been affected.



## Patient support

Having a stoma formed is a traumatic experience, and like any major surgery, leaves patients weak for some time.

If the operation is planned, the patient will have received some counselling about what to expect. For others, undergoing emergency surgery, perhaps because of an acute intestinal obstruction or road accident or other unforeseen crisis, and waking up with a stoma takes some getting used to.

Empathy and an understanding of what the patient is going through physically, as well as psychologically, is essential. Patient fears and concerns may include the following:

- coming to terms with the

*Continued on PVI* ➤

### Box 1: barriers to effective pharmaceutical care for stoma patients

- discharge planning does not usually include community pharmacists
- hospital pharmacists are not involved in appliance issues, and medication issues are often overlooked
- current remuneration system heavily favours appliance contractors
- appliance contractors often employ stoma nurses and scripts are directed to them for dispensing
- community pharmacists don't always consider medication issues for stoma patients (or may be unaware that a person is a stoma patient if prescriptions are sent direct to appliance companies)
- stoma patients don't always realise that some medicines are inappropriate
- myths and mysteries surround some services, such as flange-cutting

## CASE STUDY ONE

Sharon Jones, a woman in her early 30s, has recently had an ileostomy following Crohn's disease. She is also an asthma sufferer and last night she had a bad attack. Today she has presented a prescription for her usual inhalers and a course of prednisolone e/c tablets. What should you do? Enteric-coated tablets are likely to be ineffective as they will be eliminated before they have broken down. The GP should be contacted and the prescription changed to soluble prednisolone or uncoated tablets.



# Delivering the Numark brand



When it comes to healthcare, we all want advice to be close at hand when we need it. But sometimes you don't like to bother your busy GP with everyday questions and concerns.

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- Numark is owned by independent pharmacists and run for their benefit.
- Numark is a strong brand for independent pharmacies, supported by high profile national advertising throughout 1997.
- Numark shareholders receive rebates from leading OTC and general manufacturers.
- The Numark OwnBrand range helps to build customer loyalty to Numark pharmacies and earns pharmacists an additional 5% rebate.
- In 1996 Numark pharmacists received, on average, over 150% of money they paid in, back in rebates.
- Numark's 'Everyday Low Price' policy on brand leaders helps shareholders to compete effectively against the opposition from groceries.
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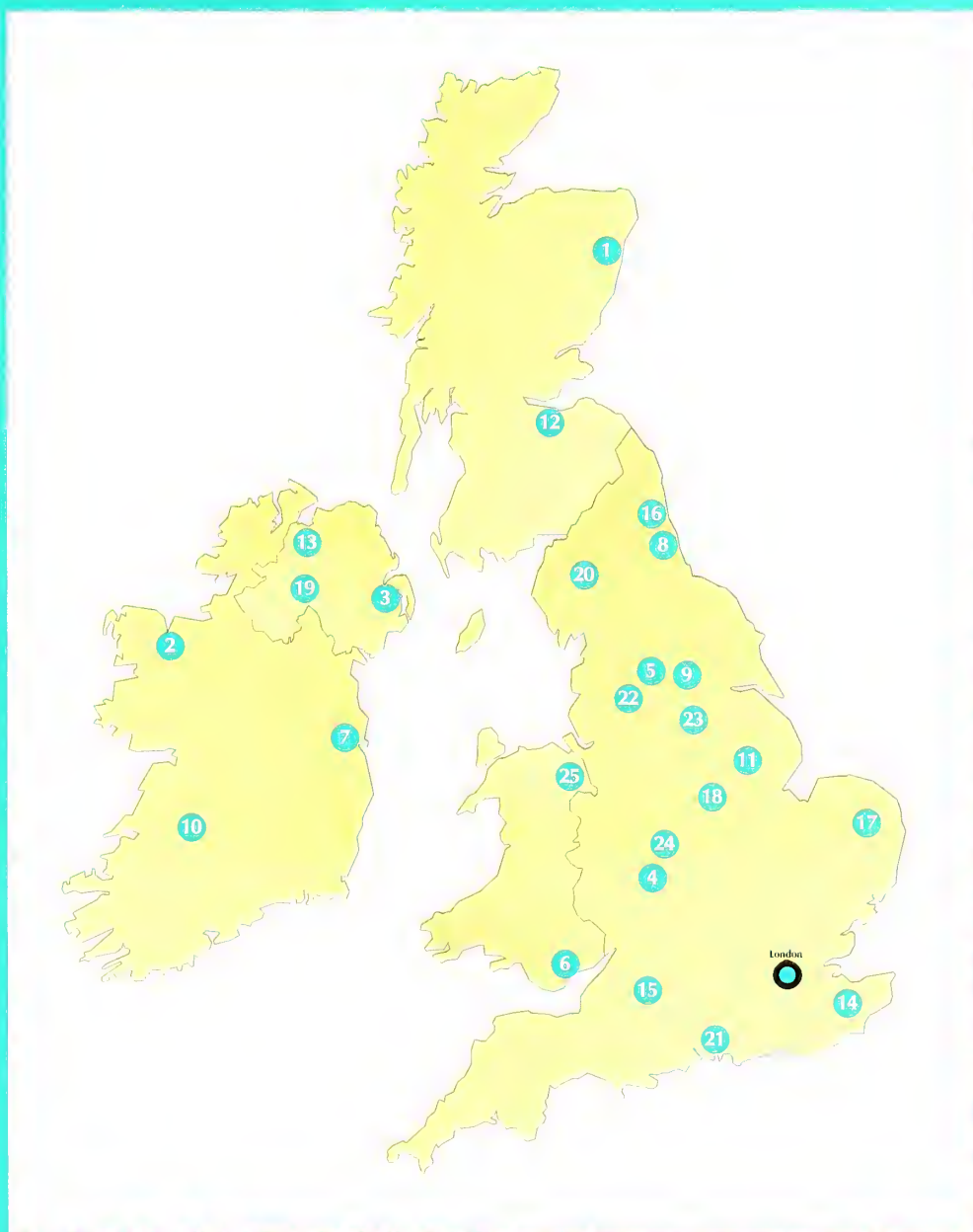
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## ◀ Continued from P111

- accident that led to the stoma – eg road accidents, stabbing
- coming to terms with and recovering from extensive abdominal surgery
- body image associated with having a stoma
- bodily functions regarded as a taboo subject
- effects on love life.

## Discharge from hospital

Patients whose self-esteem is high and who are well supported by family and friends will understandably recover more quickly and come to terms with their stoma sooner. Those who are more isolated or who lack confidence will undoubtedly have problems for some time – some patients never come to terms with what has happened. Going home from hospital can be stressful – the supportive framework of the hospital ward disappears and suddenly the person is back home coping with their stoma in a domestic setting.

## Remuneration issues

Under the current remuneration system, pharmacy contractors receive a straight fee for dispensing appliances, regardless of their cost. Appliance contractors, on the other hand, receive a large oncost dependent on their script volume – those who dispense a high volume of scripts receive a mere 15.8 per cent while low-volume script contractors receive 25 per cent oncost.

In other words, for a box of 30 bags, which costs around £65, the appliance contractor receives between £10.27 and £16.25 (and an additional fee of 2p under an allowance in part IIIB of the Drug Tariff). Pharmacy contractors, however, receive 94.6p dispensing fee plus £1.28 appliance fee, which adds up to £2.23!

Many appliance contractors are also appliance

manufacturers, so they also enjoy a further margin on the Tariff price for the product. This difference in payment may explain why they can afford to provide 'free' stoma nurses to NHS trusts.

To get in on some of this money, some pharmacy contractors have entered into 'script-sharing' arrangements. A Government-commissioned report a few years ago suggested a tiered remuneration system dependent on level of service rather than on whether the provider was a pharmacy or appliance contractor. Those who simply dispensed (either from a pharmacy or by mail order from an appliance contractor) received a basic fee, and those who provided extra services received fees to reflect these services. Unfortunately, these suggestions have not yet been followed up.



## Pharmaceutical care

Looking after stoma patients is not just about medicine management and the following provides a simple guideline to how pharmacists can manage pharmaceutical care for these patients:

- liaise with hospital colleagues so that information about pre-admission and post-discharge medication is transferred. Make sure your hospital colleagues are aware of the potential problems with medicines in stoma patients – these client groups are sometimes overlooked as they are not on medical wards
- liaise with the stoma nurse pre- and post-discharge. Although this may seem difficult if they are employed by an appliance contractor, it should be possible to collaborate on medicines issues – most nurses understand the value of inter-professional collaboration, particularly if you show that you can add to patient care
- ensure that you keep information about stoma status on your PMRs. Even if you don't dispense the appliances, you need to be

## CASE STUDY TWO

Mr Whitby, who has managed his colostomy well for three years, lost his wife about six months ago and has had difficulty in coming to terms with this. He visits your pharmacy to say that he is having a problem with wind, which is causing his bags to become detached. From his PMR you see that the doctor prescribed amitriptyline three weeks ago and that he has been prescribed lactulose for constipation. How would you best advise Mr Whitby (or his GP) about his problem?

Lactulose can cause increased flatus so an alternative laxative may be more appropriate. The cause of Mr Whitby's constipation needs some thought. If it has started in the last three weeks, it is likely to be due to the tricyclic antidepressant – this may wear off with time or alternatively the GP may wish to consider changing to a selective serotonin reuptake inhibitor. If of longer standing, it may be due to poor diet – now that Mr Whitby has lost his wife he may not be eating a balanced diet, and he may be less mobile than he was. He should be encouraged to eat fruit and vegetables (avoiding those which can cause excess wind) and drink plenty of water. He should also try to take a daily walk (this may help with the depression, too). A bag with a flatus filter incorporated may help, if Mr Whitby's current appliance does not have this.

alert for inappropriate medicines prescribing and OTC medicines. Your PMR form should include a section seeking information about stoma status in the same way as for allergies and so on

- be prepared to provide home deliveries where required (and in the early days after discharge this will be welcomed) but encourage the patient to collect supplies when they are fit; in this way you can keep an eye on them and their medicines. Always be discreet – both in the pharmacy and in home delivery

- be prepared to cut flanges for patients with poor eyesight and reduced dexterity
- be prepared to provide free disposal bags if the patient is using non-disposable stoma bags. Two of the larger pharmaceutical wholesalers provide these free with appliance orders
- get involved with local self-help groups and be prepared to go along and talk about medicines issues. Keep information about the groups accessible in the pharmacy and stock information leaflets giving advice about coping with a stoma.

Above all, think 'patient' not 'stoma'. Stoma patients (and their carers and families) have special needs and need to talk about things which don't lend themselves to discussions

down the pub. A friendly pharmacist can help solve problems and play a crucial role in the support system.

## Medicine management

A couple of years ago, the local stoma nurse and I set up a project linking her with ten community pharmacists in the area. We provided training and facilitated discharge planning information, so that the pharmacists received information about the patient's appliances and medication ahead of discharge.

Patients could choose where they had their scripts dispensed, but we found that those who used the project pharmacists were better served and the usual early problems were eliminated.

Existing ostomists were also included in the service and we found that improved links between the nurse and pharmacists improved the level of care. We found several medication-related problems – some had continued to receive prescriptions for conditions eliminated by the surgery, some received inappropriate formulations and were switched to more appropriate ones, and in one case, a pharmacist intervened when a diuretic was prescribed for an ileostomist, which was potentially dangerous.

## PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the February 8 issue, which will cover this week's CPP-accredited modules, together with those in the January 11 issue. In other words:

- Calcium channel blockers (39)

- Stoma care (40)
- Dry skin problems (41)

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of

results – details are given on the monthly MCQ papers.

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# Scratching the surface



THE COLLEGE OF  
PHARMACY PRACTICE

THIS COURSE (MODULE 41), IN  
ASSOCIATION WITH MULTIPLE  
CHOICE QUESTIONS BEING  
PUBLISHED IN *C&D* FEBRUARY 8,  
PROVIDES 1 HOUR OF CONTINUING  
EDUCATION

## OBJECTIVES

- To be aware of the different components of healthy skin
- To distinguish between atopic eczema, allergic contact dermatitis and dry skin
- To diagnose and manage these conditions using the mnemonics **SCRUTINY** and **CARE**
- To be aware of the treatment options available

with sensitised T cells to release various mediators (lymphokines, lysosomal products and macrophages).

This reaction results in an initial itch, followed by local oedema, inflammation and even vesicle formation. This process is slow, taking 24-48 hours to occur – sensitisation of the T cells may take days to years and follows repeated exposure to the allergen.

● **Dry skin (xerosis):** this is the result of a lack of water in the stratum corneum. Normal epidermis contains about 10-20 per cent of water. In dry skin, this drops to below 10 per cent, causing the epidermis to lose its normal flexibility, consequently there is roughness, the development of fissures and inflammation. Two clinical conditions also cause dry skin: ichthyosis and asteatotic eczema.

Age plays a part in the development of dry skin. The epidermis often becomes thinner, which results in roughness. Hygroscopic substances in the skin are reduced and decreased hormonal activity results in reduced sebum levels.

The role of essential fatty acids, especially gamma-linolenic acid (present in evening primrose oil), has recently received attention. Changes in plasma cis-linolenic acid and its metabolites have been observed in patients with atopic eczema and systemic administration of the oil (not

Continued on PVIII ►

become granular. The skin's surface, the stratum corneum, is constantly sloughed off and replaced by new cells from below. This renewal takes about 28-45 days.

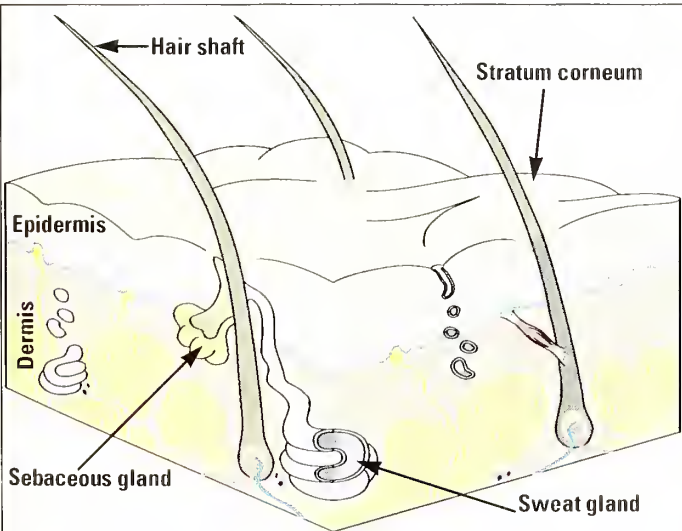
The dermis supports the epidermis and contains blood vessels, nerves, nerve endings and glands.

## Pathophysiology

Dermatitis (or eczema) refers to inflamed skin, often with erythema and pruritus. Sometimes the cause can be established (for example, contact allergen), sometimes it has no identifiable aetiology (atopic eczema).

● **Atopic eczema:** T-suppressor cell activity is reduced in this condition, while circulating IgE is increased (by a factor of ten). It is presumed that there is skin reaction to systemic antigens at a level which would not affect normal patients. About 10 per cent of the population inherit this property but only about half of them show clinical symptoms. The overt condition is seen in about 80 per cent in the first year of life and 90 per cent by the age of five.

● **Allergic contact dermatitis:** this is the result of a Type IV cell mediated immune response. External agents (the allergen) penetrate the horny layer of the epidermis through the hair follicles, sweat glands and any abrasions. They then combine with skin proteins which react



As the majority of skin conditions are regarded by the public as minor, pharmacists are often the first healthcare professionals to be consulted. In this article, **Derek Balon**, community pharmacist and King's College London lecturer, looks at three major types of skin problems: atopic eczema, contact dermatitis and 'dry skin'

Although minor skin ailments represented about 25 per cent of all reported problems over a two-week period in a recent study, eczema was reported by only 1 per cent (N=1,217). A further 5 per cent reported irritated skin and 4 per cent skin allergies. Other related conditions were: chapped skin (4 per cent), dandruff (2 per cent) and psoriasis (2 per cent).

## Skin physiology

The skin acts as a barrier between the body and its environment. It also has sensory involvement in both touch and temperature. A simplistic picture of the skin provides sufficient information to understand the conditions described.

There are two distinct regions of the skin: the epidermis (the outermost layer) and the dermis. These are supported by the subcutaneous region, which consists of connective and fatty tissue through which nerves and blood vessels pass, and is often classified as the third skin layer.

At the base of the epidermis is the basal layer which consists of dividing cells. As these ascend, they lose their water content, waterproof keratin and nucleus, and

### Table I: some common causes of contact allergy

Metal ions, especially nickel ● perfume ● detergents ● cosmetics ● many natural plants ● hair shampoos/colorants ● lanolin (in various creams) ● wool and other materials ● soap ● bath additives ● chemicals, including bleach ● clothes dyes ● topical drugs (eg antihistamines)



## ACTION PLAN

- 1 For the next ten cases for which you have to respond to symptoms record the nature of the problem (whether atopic or contact eczema or dry skin), the number self-diagnosed, the area affected and possible cause.
- 2 Add to your own formulary the preparation of choice for treating mild eczema. List alternative products that can be used where recommended products have failed.
- 3 Develop two advice protocols: one for contact eczema and the other for dry skin.
- 4 Record five different provoking factors for the contact eczema cases you see.
- 5 Discuss with sufferers of atopic eczema any possible dietary involvement. Record examples of anecdotal relieving treatments.

◀ Continued from PVI

topical application) is considered beneficial.



## Patient presentation

Skin conditions are visible and when they occur on certain sites can be embarrassing for the patient. Typically, they present as dry flaky skin which may be inflamed and itchy. Acute, more serious, reaction produces cracks, weeping and sometimes thickened skin.

**Asking the following questions can assist in the identification of the condition**

- What area is involved?
- What are the symptoms – itchy, scaly, inflamed, broken skin?
- How long have you had it?
- Have you had it before?
- Is it seasonal?
- Have you been in contact with anything new (changed)?
- Do you or your parents/- immediate relatives suffer from asthma/hayfever?



## Diagnosis

Diagnosis is not difficult, but identification of the allergen in contact allergy may be difficult or even impossible.

### Symptom complex

In the initial stages, the skin may be dry, scaly, itchy and red, possibly with some signs of swelling. As the condition progresses, fissures and small vesicles may develop. Broken skin may be a sign of scratching due to the irritation. When the vesicles break they result in crusting. Skin thickening occurs in

long-standing cases, sometimes with hyper- or hypopigmentation.

● **Region** Atopic eczema can affect any part of or all skin surfaces. In children, the most commonly-affected areas are the face and skin folds at the elbows and knees.

The site and shape of the skin reaction to an allergen is a powerful diagnostic aid for contact allergic dermatitis. Examples include earrings, watch backs and buckles.

● **Universal factors** These vary depending upon which condition is being considered.

### Provoking factors

**1 Atopic eczema:** heat and cold can induce the problem. Drying agents, like bath additives, soap, skin infection and exposure to wind can also be trigger factors.

Patients who suffer from atopic eczema may have a lower threshold to these agents than normal subjects. Various allergens, both topical and systemic, are also implicated. Anxiety may also be involved.

**2 Contact dermatitis:** identifying the allergen may be difficult, especially as the reaction may be delayed for hours and sometimes days. See Table 1 for substances that can cause sensitivity.

Sensitisation due to past contact should be borne in mind. Some drugs, including topical preparations (bases and active ingredients), can cause problems.

**3 Dry skin:** external causes of dry skin include:

- prolonged exposure to soaps (removes the natural oils which retain water in the epidermis)
- low humidity
- high wind
- dry heat
- physical damage to the stratum corneum, which dramatically increases skin dehydration.

In many cases, the problem is precipitated by some agent. Removal of the agent may stop an attack. However, the effect is not immediate, in the majority of cases at least 24 hours is required for recovery.

● **Time/intensity** Atopic eczema and dry skin are chronic conditions and sufferers are always at risk. In acute contact dermatitis, a reaction may be seen in a few hours but may be delayed for 24-48 hours in some cases.

● **Natural history** There is little significant natural history for these conditions but atopic eczema is usually considered as a disease of the young. It is first seen in children aged two to three

months' old (about 80 per cent of cases). Remission occurs between the second and fourth year of life and it then re-occurs periodically, reducing in frequency with age; frequently resolving by 30 years. However, some cases persist even in adulthood.

Some dermatologists regard eczema and dermatitis as describing different conditions, both having the same clinical presentation but differing in origin (the former endogenous).

Atopic eczema, asthma and allergic rhinitis are genetically linked and this may be useful in assisting diagnosis.

### Your current medication

Few systemic drugs cause these skin problems. An exception is isotretinoin, which dries skin and mucous membranes.



## Management

Although rapid resolution is not always possible, treatment poses few problems. However, the following need to be considered.

### Chronic/Risk Group/Age

Infants under two months do not normally have atopic eczema. They may develop other skin problems and should be referred. Simple nappy rash can be treated in the pharmacy.

● **Allergies** Check that proposed medication has not caused reaction in the past.

● **Reaction of proposed medication** The majority of management strategies involve non-drug or topical treatment and thus this is not a serious problem. However, the control of pruritus may require systemic antihistamines.

● **Establish patient preference** Patients can choose between different formulations such as creams, ointments and bath products. There is often little therapeutic difference between these presentations.



## Product selection

In general, management of all three conditions is similar. The object is to reduce irritation, erythema, oedema and dryness.

### Non-drug treatment

The first step is to remove any potentially-offending agents. Although atopic eczema is under endogenous control, it may be exacerbated by external factors which should be

avoided or reduced. Dietary factors may play a role but there are conflicting views on this. Dietary restrictions may be considered for patients who do not respond to conventional treatment.

### Drug treatment

The major classes of drugs used to treat the conditions include agents which reduce water loss from the skin, emollients and moisturisers, antipruritics and topical hydrocortisone.

### 1 Reduction of water loss from skin

Bath oils, both mineral and vegetable, are absorbed onto the surface of the skin, reducing subsequent water loss. They are best added to the bath water at the end. Dabbing the skin dry rather than rubbing increases the amount left on the skin.

### 2 Emollients and moisturisers

Emollients in the form of creams, ointments and lotions, also reduce transepidermal water loss. Typical constituents include petroleum jelly, lanolin and mineral oils. Moisturisers may have a similar base but also contain substances which are hygroscopic, pulling water into the epidermis. Water may come from the air or lower layers of the skin. Such agents include urea, lactic acid and glycerol.

**3 Antipruritics** Topical antihistamines should be avoided as they may produce sensitisation of the skin, both to future exposure to the offending agent as well as the antihistamine itself. Systemic antihistamines are of value in making patients more comfortable – sedative antihistamines are better at reducing the itching.

**4 Local anaesthetics** These help reduce any itching. However, they may produce sensitisation and should only be used in extreme cases for a short duration.

### 5 Topical hydrocortisone

This drug is used for its antipruritic and anti-inflammatory activity. It works by reducing lymphokine synthesis and possibly inhibition of prostaglandin production. It is used as a 1 per cent cream with various OTC licensing provisos, especially being limited to seven days use and only for mild to moderate eczema. It is not suitable for dry skin treatment.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.



# Blissful design

Falling perfume sales, pilfering at a blind spot and a dimly-lit interior all makes for a shopfitting challenge. **Guy L'Aimable** reports

**W**hat do you do if your pharmacy has a blind spot that attracts light-fingered 'customers'? Turn it into a consulting room.

At least that was Hamansu Patel's solution when he ordered a refit of his pharmacy, Bliss Chemist in Willesden Lane, north London.

Mr Patel, who is not a pharmacist, manages the pharmacy for his family, who bought it in 1981. As the pharmacy is open every

day until midnight, including Christmas Day, it tends to be extremely busy outside normal surgery hours.

A friend recommended Frederick Moore, a pharmacy shopfit consultant who worked out a plan with shopfitter MIP Design.

Mr Patel's pharmacy is about 2,000sq ft, including the dispensary. He describes it as "four shops rolled into one". It contains a number of pillars, one of which created the blind spot.

"The blind spot used to stock



toiletries and cosmetics, and it was an easy spot for pilferers. One of them would usually distract the staff, while the other stole the products. Usually, when we were short of staff, we would cordon off the area with rope, which meant the space was not paying for itself," says Mr Patel.

As the Royal Pharmaceutical Society has been urging pharmacists for years to set up special counselling rooms for customers, Mr Patel decided this was the right opportunity.

Business logic was another influence. Mr Patel's perfume sales, like those of many other pharmacists, are lower than they were during the heady 1980s, so it made sense to reduce his perfume displays.

He says the room is a trial and error move. He would eventually like to hire a chiropodist and an acupuncturist, each of whom would take a concession to work there part-time.

Meanwhile, the shopfitters have built a large U-shaped counter near the entrance.

Mr Patel has also given more room to other pharmacy products, such as vitamins and health foods. These are stocked in shelves close to the counter. Its perfume lines, meanwhile, are

displayed in showcases that have been regrouped into high, triple blocks with mirrored backs. Some products are displayed in illuminated light boxes.

Mr Patel says the light boxes are designed to attract customers as they walk past. As he no longer mounts window displays, people passing the outlet can see clearly what is inside.

The shopfitters added decor to shelves within the pharmacy's medicines/dispensary section to match the 'new look'. They fitted ash timber trims to friezes, cornices and to the counters.

MIP designed a new carpet – featuring the Bliss logo – for the perfumery and the far side of the medicines/dispensary area. Most of that section, however, has ceramic tiles because it is the pharmacy's 'hot spot' and needs a surface that can withstand a lot of wear and tear.

New lighting, set in a suspended ceiling, has brightened up the interior. Further lighting has brought a gleam to its external fascia.

Four fans have been installed in the ceiling because it is cheaper to run than an air-conditioning system.

Continued on P20 ➤





◀ Continued from P19

As for outside security, wider electronic grilles protect the pharmacy when it is closed.

The refit, costing about £25 per square foot, began at the end of July and still was not finished in mid-November. Mr Patel says teething problems caused the delay, but adds that his business was not affected.

He likes the result. "The shop has a brighter, woody look and its light is not absorbed into the background like it used to be."

Customers are also impressed, mainly because the shop offers a greater variety of products.

"It's like a mini department store because we have used the space to introduce more lines," says Mr Patel.



## Standing out from the crowd

**A pharmacist's first hurdle is to attract passers-by. Alan Cruickshank's pharmacy should have no problem, following a literally dazzling refit**

Here is the ultimate litmus test for a shop front. Take a plane up to 5,000ft and see whether your pharmacy twinkles like a beacon below.

Alan Cruickshank's pharmacy in Turriff, Aberdeenshire, passed that test with honours after it was refitted recently by Dollar Rae.

Mr Cruickshank has a private pilot's licence and flies his light aircraft regularly for pleasure.

"I decided to fly over Turriff shortly after the refit for a bird's eye view of the shop," he says. "You could see the shop's lights from at least two miles away. It was a winter afternoon and the light was starting to fade. But the shop lighting and the green neon signs in particular were highly visible in the town's high street."

Dollar Rae had fitted specialist Natrium lighting and two neon signs in his front windows.

The shop was already a local landmark. Its premises have been used as a pharmacy since the 1860s. Mr Cruickshank's grandfather acquired the shop in 1914. His father took over the business in 1956. Alan joined as a partner in 1974 and took over in 1978.

Mr Cruickshank, who is also vice chairman of the National Pharmaceutical Association, had



commissioned Dollar Rae twice before and had been pleased with its results.

"It was a great bonus to have been able to select a Scottish-based company to carry out the work," he says.

The NPA's shopfitting service, he adds, helpfully provided some ideas that he adopted for the third refit.

A change of atmosphere, he says, was essential. The 700sq ft shop used to have a "very commercially-orientated environment". It stocked, for example, toiletries and various sundry goods. "Most people buy their sundry products from supermar-

kets now. We've seen a move away from toiletry sales towards medicines over the past six years.

"I wanted Dollar Rae to provide me with a professional-looking outlet, almost leaning towards a French pharmacy, where there is much less emphasis on OTC products and more on medicinal products, such as homeopathic brands."

So sundry lines have been dropped and replaced with homeopathic medicines and more healthcare medicines.

To make Mr Cruickshank more accessible, Dollar Rae designed a large L-shaped medical counter.

A secondary ceiling, shaped to mirror the counter and featuring downlighters, was installed above the counter.

Meanwhile, the pharmacy's wooden floor was restructured and ceramic floor tiles laid over it. Dollar Rae also supplied co-ordinated furnishings for a consultancy room adjacent to the medical counter.

The project took two weeks and cost about £50,000. Mr Cruickshank and his customers think it's money well spent. "One chap said to me: 'I think your staff should be paying you to work in the shop. It's such a wonderful transformation' ..."



# Flagship feeling

Not many pharmacies offer a travel agency as one of their services. But P Williams' flagship pharmacy in Nantwich, Cheshire, is not your everyday outlet. One of 12 owned by P Williams in the county, it was originally 2,000sq ft, but the chain wanted to turn it into its flagship.

It had the chance when an outlet behind the store became available. Additional building work created a sprawling 'Y' shape on three levels and the shop's size grew to 5,000sq ft.

Alexander King Associates, which won the Total Refit award at

*Chemist & Druggist's* 1996 Fit for the Nineties, admits it was not an ideal layout to design a pharmacy for.

The shopfitter used aluminium and wood laminate circular counters, wide walkways and curved steps throughout to give a department-store feel. Its design also suits customers with prams and wheelchairs, who often find it difficult to manoeuvre within retail outlets.

Meanwhile, the pharmacy's departments, which include medicine, perfumery, the travel agency and a photographic department, are flagged clearly.

Alexander King finished the job on-site in four weeks, enabling the redesigned pharmacy to open in time for the busy Christmas period.

Stephen Williams, P Williams' managing director, is delighted with the result.

"The building layout was far from easy from a designer's point of view, but Alexander King Associates has produced a design that not only looks good but shops very well. We have already seen prescription numbers increase by more than one-third," he says.

# DIY decisions

Shopfitting brings a familiar response – you want changes but you cannot afford them. **David Lingham** shows how you can

It's tempting to think your pharmacy cannot have a refit unless you spend a small fortune on a complete overhaul. That is a myth.

If your shop's exterior, floor, counter, lighting, paintwork and cracking need urgent attention, you can provide it inexpensively with a bit of common sense.

Your immediate outlay should be about 40p for a notebook. You need to consider every part of your pharmacy so that you can divide the work into manageable chunks that can be dealt with over a period.

Start with the pharmacy's exterior. Walk across the road and have a good look at the shop

as if you were a customer. What do you see? Tired paint, blocked-up windows, grubby fascia?

Does the exterior blend well with its surroundings? Perhaps it needs a new coat of paint.

Can you see rubbish bins, weeds, broken or cracked concrete? If your pharmacy has upstairs windows, are they clean, curtained and attractive? Make notes about all the points that need attention. All of them affect your pharmacy's image.

This will be a good opportunity to consider making it easier for elderly and handicapped customers to enter your shop. Even a handrail can make a big difference for those whose knees do

not bend easily. If the kerb is high and the footpath is in bad condition, you could persuade your local council to put matters right.

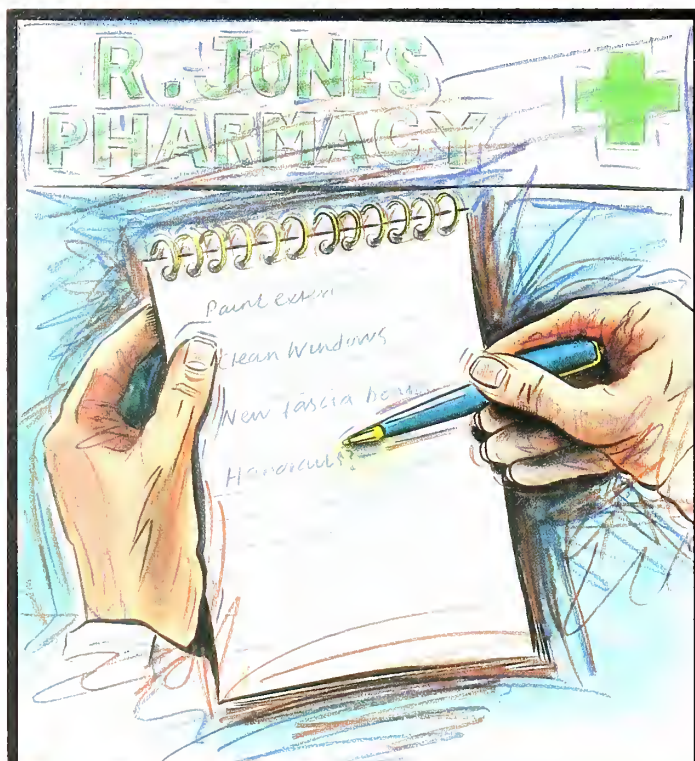
Give your windows a good clean, inside and out, and use razor blades to remove any trace of sticky tape. You need never worry about such tape again. Scotch Magic II is a good, easy to peel tape that does not mark glass. Make sure you buy Magic II, not ordinary Scotch Magic, which is invisible, but which will not peel. Any independent stationer should be able to order Magic II for you.

Now you can turn to your shop's floor. As you will appreciate, it's extremely hard to save costs here. When old flooring is taken up, it usually uncovers the results of years of neglect. However, you might be able to give the old floor a new lease of life by re-arranging fixtures so that they cover the worn sections.

To find out if this applies to you, make a scale drawing of

*Continued on P22*





◀ Continued from P21

your pharmacy and cut out pieces of card, also to scale, to represent gondolas, cabinets, etc. Try them out in different positions on the plan. You may get a pleasant surprise when you discover how much unworn floorcovering is revealed and how much tired-looking surface can be hidden.

One warning: if the floor needs to be redone, do not use cheap materials. That ruse never pays.

Now for your walls and ceilings. A new colour scheme will cheer everybody up and this is a good chance to let your staff have a say. Get some shade cards and, when you have a shortlist of colours, take some little sample pots. Colour is a personal choice, but you may want to stick to relatively soft pastel shades. As you have to live with your choice, try to select something that will not bore you quickly.

Think about any interior doors that lead to storerooms and domestic quarters. They are often damaged and scruffy.

Lighting provides ideal, cut-price improvements.

Battens should be over the gangways – not above gondolas. Too often, fittings are positioned to be near a power source, instead of to suit the needs of staff and customer.

If your options are limited, replace all tubes more than one year old. Warm white tubes are ideal for shops.

Moving lights to a better place should not be too expensive. It's worth the effort because lighting is also the cheapest form of advertising.

Another caution – if you want to alter your pharmacy's layout, do that first before moving your lights. It may sound obvious, but electricians have done well out of this mistake for years.

Shelving and gondolas take heavy wear. As you live with these units, it's easy to miss their gradual deterioration. Short of replacing them with new or second-hand equipment, you can repaint them and replace the edging strips. Some of these specialist paints take several weeks to cure and harden, so you may prefer to remove a few shelves at a time and spread the repainting over a long period. Fiddly, but worth it if the result is to last a few years.

Order new edging strips to match or contrast with your revised colour scheme.

Your counter area may need special treatment because it receives the heaviest traffic flow. Depending on the finish, some repainting might help, or you could replace worn Formica or carpet. Perhaps a new display unit will brighten up the area.

Even when you have introduced a host of improvements, look out for opportunities to buy good second-hand or reconditioned equipment. *C&D's* classified pages, *Yellow Pages*, or *Exchange & Mart* may help, but perhaps your wholesaler may have heard of someone who needs to dispose of good units.

Now is the time to start. Get your notebook and plan all the improvements you need. Follow your plan through to the end and see your sales grow steadily. Who knows, perhaps you will be able to afford a complete refit sooner than you thought?

# NPA to improve shopfit service

Members of the National Pharmaceutical Association are to receive more advice on how they can redesign their pharmacies.

The move, spearheaded by the NPA's pharmacy planning department, aims to ensure that members receive shopfit equipment that meets their needs.

Neil Williamson, the NPA's head of planning, says he wants to find out what pharmacists want from their shopfitters. Their suggestions will be passed on to shopfitting companies.

"We will drip feed the suggestions for good designs to the shopfitters because, as they already have modular systems,

you could not expect them to overhaul them in one move," says Mr Williamson.

The department will also offer members an 'all-in' service that guarantees its involvement at every stage of a shopfit – from assessing the available options to checking the final result.

This will enable the department to keep a closer control of NPA contracts and should provide better value for money according to the Association.

An information pack – showing what equipment is currently available for P and GSL displays – is due to be produced by the planning department by March.

## Guard against theft

A range of guards for tills or cash registers has been introduced by Lonsto (International), which specialises in cash management and security. The guards, it says, protect the cash from being snatched by thieves and provide extra space for credit card transactions. Each guard has a black steel base and a clear polycarbonate top to protect the area surrounding the open cash drawer. Tel: 0181 882 8575.

## Security tags

Electronic article surveillance security labels, produced by Esselte Meto, are designed to protect products from shoplifters. The labels have an electromagnetic security film backing and look like a standard roll. Esselte's in-store printer can be used to print a price, bar code and other data on the labels before they are wrapped around the products. The labels can be detected by the twin frames of an EAS system at the shop's exit. Tel: 0500 826 832.

## Kleenkut wall display

The Kleenkut Group's latest product is a wall-mounted display that is lit by a low-voltage fluorescent tube. Keenkut's display consists of Perspex, 3mm thick, which is printed on both sides to give a 3D effect. An extra layer of opaque Perspex diffuses the tube's light to ensure it is dispersed evenly. The display has an open top to prevent it from overheating. Tel: 0181 288 9996.

## Retail exhibition

A host of shopfit equipment suppliers will be exhibiting at The Retail Collection from March 11-13, at London Olympia. Tel: 0171 486 1951.

## Solar light

An ultra-slim sign system for point of sale areas is now available from Rivermeade-ASI. The system, called Solar, has a 50mm thick casing that houses its lighting unit. Solar's fluorescent tube is guaranteed to last at 10,000 hours and it is claimed to consume 25 per cent less energy than standard tubes. The system can be projected, suspended, wall-mounted or free-standing, and its size ranges from 360mm x 300mm to 1,120mm x 600mm. Tel: 01494 459011.

## Internet newcomer

CIL International, which designs outlets, has introduced its website on the Internet. The website contains information about the company's products and its services. It can be reached at: <http://www.cil-international.com>.

## Cross to bear

Illuminated green cross pharmacy signs, which also flash, are available from NDI Illuminated Display. NDI says the sign's tubing produces a long-lasting light, similar to neon, but at a fraction of the cost. The signs can be either outside or inside a window and connected to a plug socket. Tel: 01625 529926.



# Pharmacist accused of fraud

A pharmacist fraudulently received money from the NHS by claiming for medicines he had never supplied to patients, the Statutory Committee of the Royal Pharmaceutical Society was told last week.

Adrian Korsner of Finchley, north London, allegedly had an arrangement with two doctors whereby patients of a private doctor were being supplied with a prescription from an NHS doctor, who had often never seen the patient, to save the patient money.

Mr Korsner would supply private patients with drugs without charging them and then get an NHS doctor to supply the prescription. However, Mr Korsner would add extra drugs, which the patient did not require, to the list and then claim for them without supplying them to the patient.

Josselyn Hill, for the Society, told the Committee, "Mr Korsner has been superintendent pharmacist of Brand Russell Chemists since 1972.

"In September, 1994, the Society started investigations into Mr Korsner's arrangement with private doctor David Pugh and NHS doctor Timothy Healy. It was discovered that Mr Korsner arranged for private patients to go on Dr Healy's list so that when they went to the private doctor and received a private prescription, the patient would bring it to

Mr Korsner who let them have the medicines but would not take payment for the prescription dispensed. Mr Korsner would then send to Dr Healy a list of medicines for which NHS prescriptions were required. Dr Healy would, in due course, without seeing the patient, let him have the relevant NHS prescription.

"Mr Korsner signed the claim form using the patient's name and then sent off the form for payments from the NHS. In the course of the investigation, it was found that when Dr Pugh and another private doctor sent in private prescriptions, Mr Korsner would then ask Dr Healy for a NHS prescription for these medicines, plus other expensive drugs which the evidence shows were not given to the patient.

"Patients were able to obtain repeat prescriptions by asking Mr Korsner for them and he would initiate the production of an NHS prescription from Dr Healy, whom Mr Korsner knew had not seen the patient."

Mr Korsner was arrested on November 17, 1994, on suspicion of defrauding the NHS. Detective sergeant Nigel Tilly, who led the investigation, told the Committee that Mr Korsner requested prescriptions for drugs never prescribed to patients.

DS Tilly told the hearing: "He told me patient JR was a private patient who did not have a lot of

money and so Mr Korsner suggested she register as an NHS patient. She became a patient of Dr Healy but wouldn't go to see him because she didn't like people knowing about her medical condition. He said the prescription pertaining to JR was dispensed on the authority of Dr Healy, whom the patient had never seen, because Dr Pugh was too expensive. Mr Korsner said Dr Healy would transfer the private requirements onto an NHS prescription. All JR's NHS prescriptions had Zovirax on them. I told Mr Korsner JR had not had the drug prescribed since 1991 and had never received any."

DS Tilly said Dr Pugh had no knowledge of the items added onto the prescriptions and said he had no agreement with Mr Korsner about the NHS prescriptions. Dr Healy told the police he gave prescriptions to Mr Korsner for the supply of items on private prescriptions. Regarding patient JR, he said he had not seen her until recently when they had a big row about Zovirax.

No charges were brought by the police against Mr Korsner or anyone else. In his defence, Mr Korsner denied tampering with the prescriptions but admitted arranging for private patients to have NHS prescriptions.

The case was adjourned so that the Committee could hear live evidence from Dr Pugh.

## Lottery leads to reprimand

Gambling fever brought a reprimand for a pharmacist – because he left his shop open on Saturday afternoons to cater for the demand for Lottery tickets while he was out of the country.

Radhe Rattan, 58, of Plaistow, east London, employed a locum to work at the pharmacy – which contained a post office counter and Lottery terminal – while he made a three-week trip to India in January, 1995, to visit his sick mother. However, on three consecutive Saturday afternoons the pharmacy was manned by Salma Razzaq, a pre-registration student whom Mr Rattan was training. Royal Pharmaceutical Society inspector Janet Edgington bought a P medicine from Ms Razzaq on February 4, 1995.

Mr Rattan submitted a written statement to the Committee, saying: "I did not engage a locum to cover Saturday afternoon because it was very rare for there to be a requirement for medicines to be sold or dispensed. The shop was open because the post office has a strong Saturday afternoon trade." He realised Ms Razzaq should not have made the sale and has since put up a notice warning his staff to this effect.

Stewart Leech, for the Society, told the Committee that the pharmacy was operated by E Evans (Plaistow) of which Mr Rattan was the managing director. He had been superintendent pharmacist since 1973. "Both Mr Rattan and the company pleaded guilty when they appeared before Stratford Magistrates Court and were fined £250 with £500 costs.

"The second allegation is one of misconduct. On three consecutive Saturdays, the pharmacy was open for business without a pharmacist being present. On February 4, 1995, Ms Edgington went to the pharmacy and was served by Ms Razzaq. "When the sale was completed, she asked if she could speak to the chemist and Ms Razzaq said yes. When the inspector asked if she was the chemist, Ms Razzaq said she was."

Mr Leech added: "Mr Rattan was interviewed under caution and admitted he knew the pharmacy would be open on Saturday afternoons without a pharmacist. He said he left instructions with his staff that they should not dispense medicines in his absence, but had not left specific instructions before he went on holiday."

In giving the Committee's decision, chairman Gary Flather QC said the Committee felt it should deal with the case by way of a reprimand, bearing in mind Mr Rattan's 31 years of unblemished service history.

# Superintendent faces substitution charges

A pharmacist dispensed medicines different from those prescribed by GPs to patients, the Statutory Committee of the Royal Pharmaceutical Society heard last week.

Sheetal Parmar of Edgware, north London, faces five charges of substitution between March, 1995, and June, 1995, while employed as superintendent pharmacist for David Brentmead – trading as Brentmead Chemist in Willesden, London, and charges of misconduct.

It is alleged the pharmacy regularly opened on Saturday afternoons without having a pharmacist and that the use of the word 'chemist' in the shop's name is in breach of the Medicines Act 1968, because Ms Parmar is not a director of the company.

Josselyn Hill, for the Society, told the Committee: "Dinker Patel, one of the shareholders of the shop, was effectively running it while Ms Parmar was ineffectually carrying out her duties as superintendent pharmacist. Ms

Parmar registered as a pharmacist in 1991, and was employed as superintendent pharmacist of David Brentmead in July, 1993. At that time, she had no previous experience of being a superintendent pharmacist.

"By June, 1995, complaints had been received about generic drugs being provided when branded drugs were ordered and about the sale of an antibiotic without a prescription. The evidence shows that Ms Parmar was not carrying out her duties, some of which were being carried out by the unqualified director, Mr Patel," he said.

Ms Parmar was not a director or a shareholder. The word 'chemist' cannot be displayed unless the superintendent pharmacist is a director, said Mr Hill. The notification form submitted to the RPSGB on Ms Parmar's appointment as superintendent pharmacist stated that she was a director of the company and was signed on July 5, 1993, by herself and Mr Patel.

The charges put before the Committee are that in March, 1995, Beta-Prograne was dispensed against a prescription ordering Half-Ideral LA. She is also alleged to have substituted medicines on at least three other occasions. It is also alleged that during the last two to three years, the pharmacy has generally been open for trade between 3.00pm and 6.00pm on Saturday afternoons without a pharmacist present. A customer told the hearing that she was sold tetracycline tablets by Mr Patel for which she did not have a prescription.

Ms Parmar did not deny any of the allegations, but said she was under severe pressure at the time due to her recent divorce and difficult working conditions. Ms Parmar added that she did not know the shop regularly lacked a pharmacist on Saturday afternoons, but accepted it was wrong to substitute medicines.

The hearing was adjourned until March 18, when more evidence will be heard.



# Unichem identifies Gehe's 'Achilles heel'

Unichem and Gehe's tussle for Lloyds Chemists ended prematurely last Monday in victory for the German player. Jeff Harris, Unichem's chief executive, having left this week free to concentrate on the bid, has had time to consider his company's next moves. **Patrick Grice reports**

**R**elieved that the stress of the year-long battle for Lloyds is over, and disappointed but philosophical at the outcome, Jeff Harris is already looking to exploit the difficulties that he believes Gehe faces in integrating Lloyds into AHH/Hills.

Unichem's problems in 1995, when it sought to re-organise its OTC service, showed that only a slight disruption to deliveries would encourage pharmacists to look for alternative suppliers.

But the company will not be pulling rabbits out of a hat, says Mr Harris, although it is under some pressure from the City. Its domestic strategy remains the same as before he and Allen Lloyd agreed details of his company's bid in January, 1996 – to expand in retail and keep an eye open for wholesale opportunities.



Jeff Harris: disappointed but philosophical at losing the battle for Lloyds

On the retail front, he says, Gehe's 1,280 UK pharmacies will have little impact on his Moss chain. Barry Andrews, Moss' managing director, says that only 11 shops fall into the same catchment area as Lloyds' branches, while Moss and Hills compete in only four localities.

Unichem's analysis of Lloyds indicates that, while the fabric of the business is in good shape, its levels of service are not good, and locums are running up to 30 per cent of its branches. With all the large multiples having difficulties recruiting pharmacy managers, Unichem believes staffing could be one of Gehe's biggest hurdles.

Mr Harris says he has long thought that there would be no immediate and dramatic competitive benefit for the winner of Lloyds. Nor will the equilibrium of the market be upset as much as many might anticipate.

Unichem is now looking to acquire pharmacy businesses "more than ever". He believes a significant number of independents are still looking to sell and have been holding on to see the outcome of the bid.

He would like to double Moss' size – it has about 420 pharmacies – to achieve the kind of benefits that could have come from the "one-off giant step" of acquir-

ing Lloyds. These include greater buying power and the ability to market and promote a genuinely national own-label range.

Mr Harris does not want to diversify his retail interests into other areas. But he does want to widen the services Unichem can offer to its pharmacy customers. For example, he aims to have optical sales units into 1,000 pharmacies by the year end.

Unichem's wholesale ambitions lie in Europe. A European wholesaler network would bring a lot of benefits, he says, but it is a long-term prospect.

Pre-wholesaling also has good prospects on the Continent. "All we are doing at the moment is trying to co-ordinate tenders within IPSO. What we need to be able to do is to offer a seamless service." IPSO, the International Pharmaceutical Service Organisation, is a group of six European wholesalers of which Unichem is a member and which Mr Harris currently chairs.

He is also keen on developing the Unidrug Distribution Group, the pre-wholesale venture it set up last year with Irish partner United Drug. Unidrug has clinched a major distribution agreement with Bristol-Myers Squibb, and its UK operations centre should be built by the end of March.

The message is clear: while Unichem might have lost the battle, it is preparing to wage war on its competitor's home turf.

## REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Forename .....  
(all other initials as registered with the RPSGB or PSNI) .....

Surname .....

Registration No: RPSGB.....

PSNI:.....

Pharmacy address.....

.....

.....

County..... Postcode .....

Tel no.....

Fax number .....

E Mail.....

I enclose a cheque to Miller Freeman:

CiCPM part 1 £117.50 (inc VAT) .... (\$ ..)

CiCPM part 2 £235.00 (inc VAT) .... (\$ ..)

CiCPM parts 1&2 £323.13 (inc VAT) (\$ ..)

Total ..... (\$ ..)

Send cheques and forms to Sue Cheeseman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422).

Additional single module copies at £40.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96).

Have you completed a PMSI questionnaire in your name for your pharmacy?

If you can answer "Yes" and have returned the completed form to PMSI, do you wish to be entered for the prize draw where the first 100 names will have their part one fees paid by PMSI? Yes/ No (delete)

(Re-funds will be issued by PMSI after you register with Miller Freeman.)

## All you and your business needs - The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

### How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten mod-

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must be registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUL Pharmacists registering for both part



# Wyeth launches Genus Pharmaceuticals

Wyeth Laboratories has set up a new company – Genus Pharmaceuticals – which specialises in multi-source products.

Wyeth has been working on Genus, which will be launched formally next week, since at least last August. The new company is a natural extension for Wyeth,

which also has interests in Germany and the USA.

Genus wants to stand out from the unbranded market, says director Colin Darrock, with a selective range of products that will benefit pharmacists. The new company will offer 'professional support' to pharmacists.

● Wyeth has given Monmouth Pharmaceutical, the UK subsidiary of US-based Roberts Pharmaceutical, an exclusive licence to market and distribute Lodine in the UK and Ireland. Lodine is a non-steroidal anti-inflammatory drug used to treat various forms of arthritis.

## Knoll signs generic drug agreement

Knoll has signed an agreement with IVAX that gives it semi-exclusive rights to over 70 generic drugs and some OTC brands in 12 European countries.

Both Knoll, a subsidiary of BASF Aktiengesellschaft, and VAX, a US company based in Miami, were equal partners in a joint venture company that marketed generic drugs. Under the new agreement, Knoll will take over IVAX's share of that company and it will pay IVAX royalties on the net sales of the licensed products.

The deal also enables Knoll and VAX to launch their own versions of generic products in any of the 12 European countries, except in Germany, where Knoll has exclusive rights to some of the licensed products.

## Co-op Health Care buys three pharmacies

Co-op Health Care has acquired three more pharmacies, lifting its total to 58. The new outlets are the Cooper Clark pharmacies in Bickerstaffe, St Helens and Rainford, and C A Welsby in High Town, Sandbach.

The Co-op has retained the pharmacies' staff and the shops will continue to trade under their existing names until they have

been rebranded and refitted.

Paul Clark, a partner at Cooper Clark, will remain superintendent of his two former outlets. He will also stay on as pharmacy manager at the Rainford branch.

Co-op Health Care, owned by United Norwest Co-op, has doubled its size over the past year. It plans to acquire more pharmacies over the next two months.

## Crookes' manager sacked over false mileage

Crookes Healthcare sacked a regional sales manager after finding that he had overclaimed on his travel expenses by over 3,000 miles in less than a year.

An industrial tribunal in Glasgow heard that the company became suspicious when Alexander Orr, who earns \$30,000 per annum, claimed 86 miles for a return journey from Kilmarnock to Glasgow and 84 for the same journey two days later. The actual distance is 49 miles.

Matters came to a head when one of Mr Orr's employees claimed that he had asked him to lie and say he had attended business meetings when he had not been there.

As a result, Crookes investigated Mr Orr's conduct and checked his car mileage claims over a 10-month period. Auto Route Express, an independent company, investigated his mileage and concluded that the total distance was 3,334 miles more than it should have been.

Mr Orr attended a disciplinary hearing at Crookes' head office in Nottingham, where he denied failing to attend meetings in Glasgow and Edinburgh, and falsifying his mileage claims. The company found Mr Orr guilty of gross misconduct on both counts and sacked him.

The tribunal heard that Mr Orr, who had worked for the com-

pany for 13 years, was regarded highly by his employers and had been given a lot of trust. He was expected to perform his duties unsupervised and he had never been disciplined.

He had a good relationship with his immediate supervisor, Barry Oates, but that deteriorated because of Mr Orr's behaviour. Mr Oates said that Mr Orr had been drinking on occasions when he was representing the company. He had learned that Mr Orr had appeared late for breakfast at a hotel where a sales function was being held. When he did appear, he seemed to have been drinking.

Mr Orr, who claimed he was unfairly sacked, told the tribunal that he was the victim of a plot by senior management to oust him. Crookes, he added, had tried to get rid of him by making him redundant. He claimed that he had been at the meetings in Glasgow and Edinburgh.

The tribunal concluded that Mr Orr's sacking was fair. Crookes, it said, had carried out as much investigation into the matter as was reasonable. It added, "If he had been a junior employee, a less severe penalty might have been appropriate, but dismissal would appear to be the only course for an employer to take where a senior manager is guilty of a serious breach of trust."

## New NCC executives



Peter Willis, operations controller



Liz Colling, NHS business development manager

National Co-operative Chemists has overhauled its management structure to help it cope with its expansion.

The chain has appointed Peter Willis as operations controller – a function previously shared by three regional managers.

Liz Colling, previously an area manager for the chain, becomes the new NHS business development manager.

Two of NCC's managers take on new responsibilities: Peter Troughton becomes OTC business development manager and Neil Slater moves to services controller, where he will deal with premises management, human resources, training and information technology.

Roy Carrington remains NCC's chief executive officer and superintendent pharmacist, while Robert Whyborn is chief accountant and secretary.

Mr Carrington says: "The changes follow a thorough review of management functions and will enable us to focus more clearly on the two principal business streams: NHS and over the counter sales, which have different characteristics."

At a regional level, the chain has appointed three employees as regional business development managers. Its regions have been restructured to ensure its branches are spread more evenly in each area.

NCC has 240 outlets and annual sales that exceed \$100 million. Its growth has been particularly significant over the past few years.

## COMING EVENTS

**TUESDAY, JANUARY 28**

**Slough & District Branch,**

**PSGB**

John Lister PGMC, Wexham Park Hospital, Slough, 7.15 for 8.00pm. 'Pain from sports injuries' by Gillian Morgan, Bishan Abbey National Sports Centre.

**Leicestershire Branch,**

**PSGB**

Clinical Education Centre, Leicester Royal Infirmary, 7.30 or 8.00pm. Postgraduate education meeting – 'Practical examples of evidence-based pharmacy prescribing commonly-prescribed OTC medicines'.

**THURSDAY, JANUARY 30**

**North Staffordshire Branch,**

**PSGB**

Federal Institute, Hartshill, Stoke-on-Trent at 8.00pm. Pharmacy practice update – 'The raising of the Titanic' by Andrew Gurr, Council member.



## NHS threat to hospital pharmacists

Pharmacists are becoming more total treatment focused, rather than purely product price focused, according to NHS consultancy Graver Boot Associates. To accomplish this they require more information on overall treatment prescribing costs.

The consultancy, which has written a briefing paper called 'The Supplies Situation', says hospitals could also evaluate disease management packages for health commissions. The relevance of the pharmaceutical pricing scheme could then be questioned as disease management packages replace conventional contracting.

GBA notes that competition in the pharmaceutical environment is also changing, mostly because importers have been able to buy drugs in low-price countries and sell them in high-price markets.

"The pharmaceutical industry has also moved from being Labour's *bête noire* in the 80s to a paragon of industrial virtue – though whichever Government comes to power, the 'voluntary' PPRS agreement between the Department of Health and the industry will doubtless be in the in-tray of an incoming chancellor and health secretary," says the report. The scheme is due to be reviewed next year.

Pharmacies, meanwhile, could be included in trust market testing programmes – they are currently excluded.

'The Supplies Situation: 1997' is priced at \$42. Graver Boot Associates, telephone: 01246 583440.

## UK approval for Ethical's HRT combination patch

Ethical Holding's oestrogen/progesterone transdermal patch, which is used in hormone replacement therapy, will be marketed in the UK within the next few months.

The patch has received UK regulatory approval – the first in the world for an advanced HRT combination patch, according to the manufacturer. It will be marketed by a leading HRT company, whose name remains confidential. Ethical will produce the patch at its Cambridgeshire plant.

Global sales of HRT products are estimated at \$2 billion and are said to be growing at 15 per cent annually.

## AAH to phase in new warehousing system



The despatch sorting system at AAH's new warehouse

AAH Pharmaceuticals will begin to phase in a new warehousing system next week.

The system – based on procedures adopted by its sister companies in France and Germany – will be launched next Monday at AAH's new 60,000sq ft warehouse in Ruislip, which is about 300ft from the company's established warehouse.

It has also installed most of the system at its depot in Romford. Depots in Leeds, Warrington and Glasgow will take on the system – in that order – by the year end, followed by Bristol next year.

The company says the new system is the first in the UK to offer a despatch sorting service to speed-up deliveries, which allows depots to process more tote boxes per hour and enables van drivers to identify their loads quicker.

The system is also claimed to be the first in the UK to use sloping shelves for fast-selling lines. Slow-movers, meanwhile, have glass shelves to make them easier to select. These improvements, says the company, will enable its workers to collate their orders faster.

## Bright future in store for Pfizer

US-based Pfizer will be one of the world's best-selling pharmaceutical companies by 2005, according to a new Datamonitor report.

'Volume 1: Pharmacensus: Drugs' says that Pfizer's sales among the world's leading 25 drugs will place it second only to Glaxo Wellcome, and that four of its drugs will generate sales of \$4,200 million in 2005.

Pfizer's forecasted position suggests that pharmaceutical giants do not have to merge to remain successful into the next millennium.

The report adds that the company is focusing on innovation. Its research and development pipeline is described as the strongest in the pharmaceutical industry.

Its leadership in discovering and developing new chemical entities, the report says, has created a number of "revolutionary products", which will sell extremely well in the early 21st century.

'Volume 1: Pharmacensus: Drugs' is priced at \$1,000. Datamonitor, tel: 0171 625 8548.

## Share of sales of top 25 drugs in 2005

Company	Total share (\$m)	% of total
Glaxo Wellcome	5,474	23.9
Pfizer	4,267	18.6
Merck	4,150	18.1
J&J	1,672	7.3
Novartis	1,650	7.2
Amgen	1,104	4.8
Warner-Lambert	964	4.2
Astra	940	4.1
Lilly	796	3.5
Bayer	680	3.0
American Home Products	640	2.8
Abbott	600	2.6

## Proteus makes £1.8m loss

Proteus International reported a loss of \$1.8 million on a revenue of \$413,000 for the six months to September 30.

However, the company feels optimistic – its loss is down 50 per cent on the same period in 1995, partly due to lower costs. Its revenue is up 1,376 per cent.

It says its cash position is strong, following last year's rights issue, which raised \$9.4m net of expenses. Although it spent less than normal during the period because it decided to concentrate only on projects with the greatest commercial potential, it admits it will spend more during the second half on projects and people.

Meanwhile, its GnRH immunotherapeutic vaccine for prostate cancer is undergoing Phase II trials, whose early results do not reveal any unexpected toxicity, according to the company. Scientifically valid data is expected this year. The manufacturer's patent for the vaccine has been accepted in the USA, where it will have exclusive rights for 17 years. Its European patent was refused in September. However, it is confident the decision can be reversed and it has lodged an appeal.

The company's deals also include a licensing agreement with Enfer Scientific, based in Ireland, to further develop a post-mortem BSE diagnostic test.

In December, Proteus moved from the Unlisted Security Market – a division of the London Stock Exchange – to a full listing on the Exchange.

## NOAH updates its Code of Practice

The National Office of Animal Health has updated its Code of Practice for Animal Medicine Promotions to make sure it is enforced more quickly and fairly.

NOAH wants to ensure that promotions do not include any exaggerated claims and that they do not encourage veterinary medicines to be used for the wrong purposes.

Details of the Code are available in NOAH's 'Compendium of Data Sheets for Veterinary Products 1997-98'. The sheets also include information about 1,275 products from 48 companies. Members of the Royal Pharmaceutical Society's agricultural and veterinary group, and vets will be sent a free copy.

Pharmacists can buy copies, priced \$20, from NOAH by telephoning 0181 367 3131.



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## APPOINTMENTS

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#### THE OPPORTUNITIES

In order to support the company's new product plans and its existing customers, LAGAP wishes to create a series of new technical positions as outlined below:

**REGISTRATION DEPARTMENT** - Two new REGISTRATION EXECUTIVES are required to report directly to the Registration Manager

**SCIENTIFIC AFFAIRS** - A SCIENTIFIC AFFAIRS EXECUTIVE is required reporting to the Scientific Affairs Manager

**Q.A./O.C.** - A QUALITY CONTROL MANAGER is needed to assume responsibility for this crucial area reporting to the Chief Executive

The salary and benefit packages for these positions are extremely competitive and employees will share in the profit growth of the company.

#### THE CANDIDATES

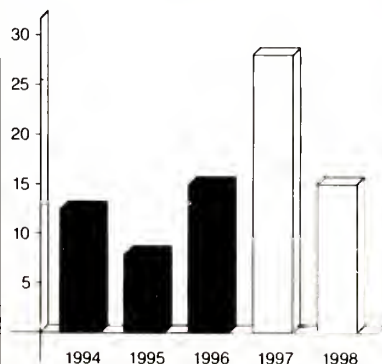
For the REGISTRATION EXECUTIVES, the successful candidates, preferably between 23 and 40, will be either experienced in such work or pharmacists/natural scientist graduates wishing to enter regulatory affairs. The SCIENTIFIC AFFAIRS EXECUTIVE, ideally aged between 23 and 30, will be either a pharmacist or natural scientist seeking a first full-time position in industry.

The QUALITY CONTROL MANAGER will obviously be an existing Qualified Person probably between 30 and 42 and preferably with some experience of generic medicines.

If you are interested in these positions, please write, enclosing a C.V., to Mrs. Sarah Wyspianska (Registration Manager) for the regulatory affairs positions, or Ms. Helen Scrivener (Scientific Affairs Manager) for the two other positions.

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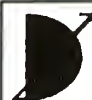
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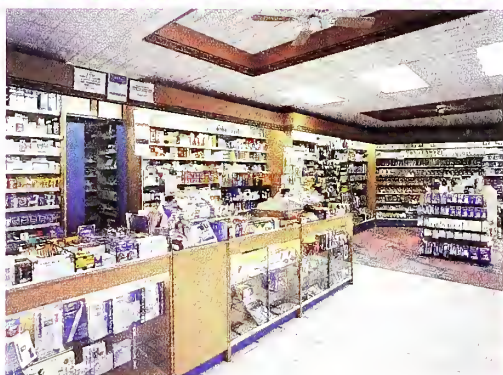
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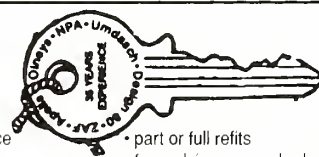
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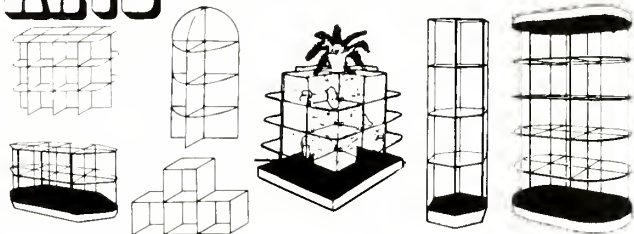
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## Art at work at Boots

Boots the Chemists has installed a varied range of modern art in its headquarters in Nottingham.

Bronzes, stained glass, rugs, tapestry and carved bas reliefs were commissioned from contemporary Nottingham artists.

Boots wanted to commission art which would complement its headquarters, and, if possible,

reflect the culture and creativity of the company.

At the entrance of the building stand a pair of bronzes by the young Nottingham sculptor Richard Perry. He was inspired by the shapes and forms of nature. His works, called 'Willow Cube' and 'Pine Cube', were cast in bronze from carved plaster.

The choice of willow, a traditional source of aspirin-like salicin, suggests health.

A pair of wall rugs, designed by Philip Hughes, face the entrance to the offices. Mr Hughes is a painter obsessed with the structure of landscape. His designs were inspired by aerial views of the course of the River Trent.

A monumental stained glass screen (3.5 x 4.5m) dominates the end wall of the Forum, a meeting area at the centre of a suite of offices. It uses the symbol of a pestle and mortar as its central image. It is entitled 'Healing Hands', and was designed and engraved by artist Steven Newell.

A tapestry, 'Fishes and Invertebrates in the Sea', hangs in the boardroom. The room has no natural light, and the designer, Leonard McComb RA, felt that a warm, life-enhancing image was required.

Arthur de Mowbray, a young wood carver, was commissioned to make a pair of bas reliefs for the company. He chose as his subject matter 'Morning' and 'Night', which are set in imaginary landscapes, but with references to Nottingham and the city's surroundings.



**Congratulations to David Hughes, (centre) the winner of the £10,000 top prize in the Wisdom Instant Win promotion. He is pictured receiving his cheque from Steve Larder (left) marketing manager for Wisdom, watched by Steve Hebden (right) manager of the Superdrug store in Selby where the winning toothbrush was sold**

## The Edinburgh Chemists' 100 handicap

The world's oldest pharmacy golf club, the Edinburgh Chemists', is celebrating its centenary this year.

The founding members met at the Braids golf course, overlooking the city of Edinburgh, to play their first round on June 25, 1897, and the club has since flourished and developed.

This year's calendar of celebratory events is the culmination of a lot of hard work. The planning committee first sat down to organise activities eight years ago, says the centenary-year club captain, George Allan. Activities planned include:

- March 26: the club's first tournament at Gullane number one course
- June 3: a one-day tournament at Muirfield, the Open Championship golf course, for members and sponsors followed by a gala dinner, which will be attended by Bernard Gallagher, a past captain of the Ryder Cup team
- June 25: an early-morning golf outing, starting at 6.00am, at Braid Hills number one course, to be followed by a champagne reception
- November 15: a ball to put the icing on the cake of the ECGC's centenary year.

Unichem is supporting the Wales Heart Research Institute's 'Have a Heart' campaign by supplying collection boxes to its pharmacy customers and hospitals in Wales. It hopes to raise £400,000 towards the £2.5 million target for a research centre at the University Hospital of Wales by selling gold heart badges at £1 each. Pictured (l-r) are Gurnam Bhogal, owner of a pharmacy in Newport; Steven Vincent, general manager of Unichem's Swansea branch; and driver Len Fuge



## APPOINTMENTS



**Sharon Buckle of BHI**

Pharmacist **Sharon Buckle**, previously group public relations manager with Boots the Chemists, has been appointed to the newly-created position of international PR and professional relations manager by Boots Healthcare International. Her new role will include management of the consultancies working on the Nurofen brand worldwide as well as developing BHI's international links with healthcare professionals.

**Frank Morris** has joined the board of directors of H. Bronnley & Co as sales director for the UK and export markets. Also at Bronnley, **Stephen Neate** has accepted the position of company secretary in addition to his responsibilities as financial controller. The company has also appointed **Nick Lawrence** as works manager and **'Mac' Magdenovic** as export sales manager.

**Arlene Griffiths** is the new general manager at Milas Healthcare, an appointment which comes in the wake of an expansion in the brands currently being marketed by the company. Ms Griffiths has experience of the OTC and pharmaceutical market from previous positions at Glaxo and Napp Consumer Division. Astra Merck, USA, has appointed **Matthew W Emmens** as its acting chief executive officer. Mr Emmens joined Astra Merck in 1992 as vice president, marketing and sales.

**Mike Davies** has been promoted to the position of managing director of Health-life, the Yorkshire-based vitamin supplier. He joined the company in 1995 as sales and marketing director.





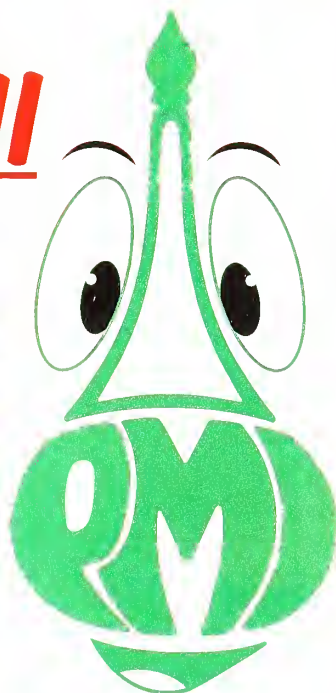
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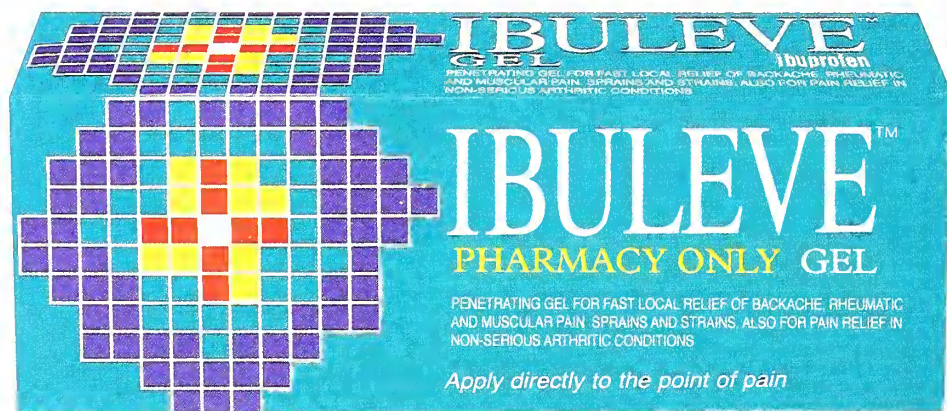


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Ibuleve is overwhelmingly Britain's No.1 selling painkilling gel for the fast relief of backache, rheumatic and muscular pain, sprains and strains\*. Now Ibuleve can also be recommended for pain relief in non-serious arthritic conditions.



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IBULEVE Trademark and Priority Licence held by Diomed Developments Ltd., Hitchin, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Active Ingredient:** Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve Gel is also for pain relief in non-serious arthritic conditions. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients, particularly if asthmatic and have previously shown hypersensitivity to aspirin or ibuprofen. Not to be used on broken skin. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 14 years. If symptoms persist for more than a few weeks, consult a doctor. Patients with an active peptic ulcer, or a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using Ibuleve. Interaction with blood pressure lowering drugs is theoretically possible, although very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Side-effects:** In normal use, side-effects are very rare, but may occasionally include allergic or localised skin reactions in susceptible individuals. **Legal Category:** [P] **Packs:** Gel (PL0173/0060) - 30g (RSP £3.89) and 50g (RSP £5.39), Sports Gel (PL0173/0060) - 30g (RSP £3.95) 9/96 \*Source: Intoscan 3/11/96

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JANUARY 1997





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## Recommend



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**Presentation** Each 10ml contains: Vitamin B1 (Thiamine Hydrochloride Ph Eur) 0.36mg, Vitamin B3 (Nicotinamide Ph Eur) 4.20mg, Caffeine Ph Eur 40.40mg. This product also contains Gentian. **Uses** As a tonic to help combat the depressing effects that occur when tired, listless and run-down after a weakening illness or hospitalisation. **Dosage and administration:** Adults: 10ml, three times a day. Children (over 6 years): 2.5ml or 5ml, take immediately before meals (three times a day). \* Children (under 6 years) Not recommended. **Contra-indications:** Hypersensitivity to ingredients.

**Warning:** Not to be used in pregnancy and lactation. **Pharmaceutical precautions:** Store away from direct sunlight, in a cool place. **Legal category:** GSL. **Package quantities:** Bottles of 300ml and 500ml. **Product Licence Number:** 0108-5013. **Price:** 300ml £3.19, 500ml £4.34 (RSP).

Pharmax HealthCare Ltd, Bourne Road, Bexley, Kent DA5 1NX.  
Date of Preparation: October 1996.





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## Go colour crazy

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## It's flu time

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# OTC

OVER THE COUNTER

Volume 9 Number 63

January 1997



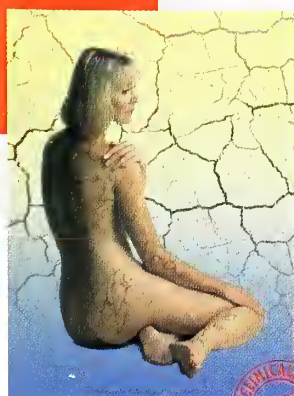
## Creative thinking

Diane Bailey concludes her two-part article on personal effectiveness, focusing on the need to be open to change

25

## Any body can suffer from the discomfort of problem dry skin...

Already a market leader in the USA, Eucerin - containing urea, a natural moisturiser found in healthy skin - is now available in the UK for effective relief from problem dry skin.



Eucerin will be supported by a £1 million launch campaign including heavyweight sampling, consumer and health professional promotion, high impact point-of-sale material, and an extensive PR campaign.

All trade enquiries to Dendron Ltd on 01923 229251

For more information, see product feature in this issue.



...relieves the discomfort of problem dry skin.

BDF ● ● ● ●  
Beiersdorf





Happy new year to all of you who survived the Christmas rush and the mad dash to the sales. If 1997 is your year to become more health conscious, we're doing all we can to help. Check out our feature on p8 for tips on diet and exercise. You don't have to take drastic action to become fitter – try walking up the escalator instead of just standing or get off the bus one stop earlier.

Increasing your intake of fruit and vegetables may take a little effort at first but have a look at the recipe from the Fresh Fruit & Vegetable Information Bureau on this page.

New year is also traditionally a time when many smokers try to give up cigarettes. Find out in our feature on p12 why it is so difficult to break the habit and what you can do to help. If you are a smoker you won't need telling that it's so hard to give up, but you might be surprised by some of the facts and figures.

Smoking is often used to relieve stress but other forms of stress management are much less harmful to health (see p18). Stress is not exclusive to those in high-powered jobs. Young mums, students, unemployed people can all suffer stress and you are ideally placed to help them.

Finally, if you want a new look for 1997 and your budget doesn't stretch to plastic surgery, our feature on hair colorants might provide you with some inspiration.

Look out for our next issue, due out on March 22.

**Maria Murray**

Supplement Co-ordinator

# NEWS

## On the alert

Has your pharmacist alerted you to the following changes that came into effect on January 13?

● **Famotidine (Pepcid AC)** is now licensed for the prevention of heartburn and indigestion symptoms known to be associated with food or drink, including the prevention of sleep due to these symptoms

● **Amyl nitrite** is now a POM except when sold or supplied as an antidote to cyanide poisoning

● **The maximum pack size for P sale of mebendazole** (e.g. Oves, Pripsen Mebendazole)

increases from 400mg to 800mg

● **Mebeverine hydrochloride** in a maximum dose of 135mg and maximum daily dose of 405mg becomes P for the symptomatic relief of irritable bowel syndrome

● **The maximum dose for pseudoephedrine hydrochloride** (used as a decongestant) for P sale becomes 120mg

● **The following products are listed as NOT Prescription Only:** Canesten hydrocortisone cream; Herpetad cold sore cream; Jungle Formula bite and sting relief cream; Soothelip cold sore cream; Timocort hydrocortisone cream 1 per cent; Zalcovir cold sore cream.

## New on the market



Persona Home Ovulation Kit and Johnson's Baby Breatheasy Bath were two of the top international new product innovations of 1996, according to New York-based marketing Intelligence Service.

Other new products highlighted in the firms' publications include Thorny Rot Weiss Ketchup & Mayonnaise, launched in Germany as the only tube that offers portions of both sauces, producing a red and white swirl when squeezed out of the tube.

Innovations on the American market include Children's Mylanta from Johnson & Johnson Merck Consumer Pharmaceuticals, the first upset stomach remedy made just for children. Aimed at children aged two to 11, the bubble gum-flavoured product containing calcium relieves

stomach discomfort.

Instead 12 Hour feminine protection Cup from Ultrafem was hailed as the first real advance in feminine protection for over 60 years. The 'cup' is worn internally to collect rather than absorb menstrual fluid so it can be worn twice as long as a tampon on heavy days and up to 12 hours on light flow days.

And on a final note, are you in such a rush in the mornings that you don't even have time to butter your toast before you fly out the door? Well if you lived in the US your problem would be solved by Colonial Toaster Magic Bread. Each slice of this loaf bread is packed with Honey and Butter or Cinnamon and Butter nuggets so you don't even have to lift a finger or a knife.

## Cancer in kids linked to dads' smoking

Around one in seven childhood cancers may be linked to fathers who smoke, according to recently published research. It is thought that smoking could be causing genetic material in sperm to mutate.

Using data gathered more than 40 years ago researchers discovered that men who

smoked fewer than ten cigarettes a day had a 3 per cent extra risk of fathering a child who later developed cancer. This risk increased sharply with the number of cigarettes smoked. Smoking between ten and 20 cigarettes a day produced a 31 per cent extra risk, compared with non-smokers, and at more than 20 a day, the corresponding added risk was 42 per cent. Although the risk is significantly increased, the total number of childhood cancers is small so a large-scale study such as this one was necessary.

## It only takes a minute...

According to Unipath, manufacturer of Clearblue One Minute pregnancy test, it only takes a minute:

- for 1.4 babies to be born in Britain
- for 1.6 babies to be conceived in England and Wales
- for 2.4 people to visit a Family planning Clinic for contraceptive advice
- for 6.7 people to visit their doctor for contraceptive advice
- for 4.6 home pregnancy tests to be used in Britain

## Chicken Potato and Herb Hotpot



This quick and easy recipe from the Fresh Fruit & Vegetable Information Bureau produces a healthy tasty dish for four

### Ingredients

- 1 medium onion, peeled and finely crushed
- 1 clove garlic, peeled and crushed
- ½ oz/14g butter
- 1½ lbs/700g boned chicken, cut into one inch cubes
- 1 oz/28g wholemeal flour
- 22 fl oz/625ml chicken stock
- salt and freshly ground pepper
- 12oz/350g potatoes, peeled and cut into half-inch cubes
- 6oz/175g fresh spinach, finely shredded
- 1tsp chopped fresh thyme
- 1tblsp chopped parsley

### Method

Fry the onion and garlic gently in the butter for three minutes. Add the cubed chicken and fry for three to four minutes until sealed on all sides. Stir in the flour and cook for 30 seconds; gradually stir in the stock and bring to the boil. Simmer for 15 minutes. Add seasoning to taste and the cubed potatoes; simmer for a further eight to ten minutes. Add the spinach, thyme and parsley, simmer for a further three minutes, or until all the ingredients are tender. Serve with saffron rice, green noodles or a colourful cooked vegetable.



# Top tracks from Salon Selectives

Over the Counter readers have been selected for a fab give-away from Salon Selectives.

From February 1 Salon Selectives are linking up with Faith the funky high street chain of shoe shops for a great in-store promotion (while stocks last). Purchasers of goods over £25 will receive Salon Selective gifts free with purchase including the new Salon Selectives Flexihold Hairspray which offers a 'dramatically different type of hold'. It achieves its effective hold without stickiness by forming resin bonds only where the hair crosses over, resulting in a lower level of deposit on the hair which

makes it softer to touch.

The launch of the Flexihold technology is being supported by an advertising budget of £3m which features British women DJs as role models. The new ads, with the theme 'Be Selective' show females fighting back in a male-dominated industry. The five women DJs featured have selected ten underground club classics, tracks ranging from Drum & Bass to House and Garage, for inclusion on the Salon Selectives Club Selection CD. After listening to the tracks you might be inspired to enter the forthcoming Salon Selectives Amateur Female DJ competition.

Ten lucky OTC readers can get their hands on these top tunes as the CD is included in a set of Salon Selective goodies along with a 'Be Selective' tiny tee-shirt and the new Salon Selectives Flexihold Hairspray.



Simply send your name and address to: Salon Selectives Flexihold Hairspray/OTC goodies, PO Box No. 2249, London W1A 1SJ before February 24. The first ten names out of the bag after this date will be the lucky winners.

**FREEBIE**

## Making it simple for sun lovers

A set of simple, eye-catching icons is the latest initiative from the Health Education Authority in its bid to reduce the risk of skin cancer among sun seekers.

Developed as part of the Sun Now-How Campaign, the Sun Safe Code gives clear and simple advice on how to avoid sunburn and reduce the risk of developing skin cancer later in life. The Code comes in response to HEA research in 1995 which found that consumers were confused by technical information on sunscreen products. Only one in five understood the meaning of SPF (Sun Protection Factor).

The icons are designed to be used on sunscreen products, at point of sale, and on posters in parks and other public places. Discussions are being held with the sunscreen industry to establish the best way to use the Code. Boots the Chemists will be including the Code on bottles of its 'Soltan' sunscreen.



Bon voyage to pharmacy technician Marie Graham who has won the trip of a lifetime to Kenya in Vantage's Pharmacy Patrol support programme. Marie, 38, who works at the MP Short Pharmacy in Gosport, Hampshire struck lucky in a grand prize draw to a product knowledge competition. She will be accompanied on her trip by work colleague, pharmacy assistant Helen Nelson. Marie (left) and Helen (right) are pictured above with Colin Rees AAH Pharmaceuticals' Southampton branch manager. The Vantage Pharmacy Patrol promotion was designed to help members build their business, while helping to raise £10,000 for the wildlife charity, Care for The Wild.

## Step up for healthier bones

Regular aerobics and step classes could help reduce your risk of developing osteoporosis and related fractures in later life.

Although falls are the most

common cause of fracture in people with osteoporosis, the strength of bone, as measured by the bone mineral density is also an important factor.

New research, carried out in Finland suggests that regular high impact exercise, which involves jumping up and down, rather than running or weight training, can result in increased bone mineral density. Other benefits of this form of exercise

are improved balance and co-ordination which also reduce the risk of falling over.

However more work needs to be done to establish whether the increased bone density produces fewer fractures.

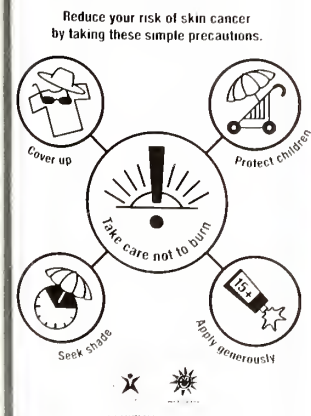
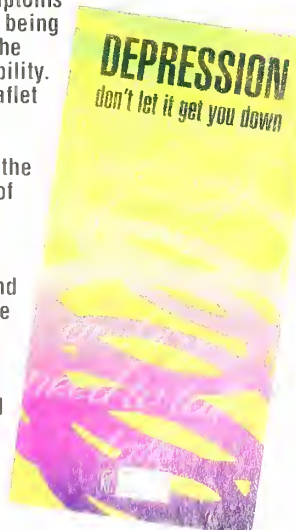


## Don't let it get you down

Depression is the subject of the latest Pharmacy Healthcare Scheme leaflet, written and produced with the mental health charity MIND. 'Depression - don't let it get you down' aims to provide information, in an accessible form, on the causes and treatment of the illness, self-help tips and where to get professional advice. The leaflet also answers common questions relating to the medical treatment of depression such as 'Do anti-depressants have any side effects?' and 'How long will I need to take them for?'.

● A new leaflet has been launched jointly by the Defeat Depression Campaign and the Down's Syndrome Association. It highlights the problem of depression in people with learning disabilities. At least one in 20 adults with learning disabilities are said to be depressed, although the true prevalence could be much higher. Depression is often underdiagnosed in such patients for a variety of reasons, including symptoms of depression being attributed to the learning disability.

The new leaflet is intended to highlight awareness of the presentation of depression in people with learning disabilities and to increase the chance of appropriate preventative measures and adequate treatment being provided.





## Counterpart prize draw

Some 750 assistants who completed *Chemist & Druggists* Cambridge Counterpart Course are expected to have been awarded certificates by the College of Pharmacy Practice by the end of January and, as a result, will be eligible to enter a prize draw for a weekend for two in a Jarvis Hotel, courtesy of co-sponsor Whitehall Laboratories. The draw will be made by Don Sibley of Whitehall and the result will be announced in *C&D's* February 15 'Valentine's Day' issue.

The Cambridge Counterpart course is proving popular with assistants and supervising pharmacists alike. Pauline Nixon, supervising pharmacist of assistant Susan Purvis, the December monthly winner

(pictured right) says: "Three staff now have CPP Certificates through *C&D*. By using Counterpart's case studies we have built a rapport. The assistants are no longer afraid to ask about pharmacy issues and real life OTC prescribing."

Counterpart training is suitable for Saturday assistants, with the course still available for new employees or for experienced assistants who may have failed the Society's examination. Pharmacists should contact Sue Cheeseman or Claire Newman on 01732 364422 ext 2462 for an application form or write to them at: Pharmacy Special Projects, Miller Freeman Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.



Congratulations to Susan Purvis (right) of the Heworth branch of F W Wood & Son (York) Ltd, the fifth *Chemist & Druggist/Whitehall* Laboratories Counterpart champagne winner. She is pictured with her supervising pharmacist, Pauline Jepson, receiving their prizes from *C&D* associate publisher John Skelton

## OTC rep training

If you felt a bit hard done by, having to sit exams and complete training courses to qualify you for a job you had been doing adequately for years, you might soon be offering your sympathy to sales representatives calling at your shop.

A professional standard for sales representatives from OTC medicines manufacturers is to be implemented by 1998. The scheme, announced at a Proprietary Association of Great Britain meeting in December means sales representatives will undergo training, possibly by distance learning, and then take an exam set by an external body.

PAGB says the "ultimate objective is to raise the standards of representation across the industry and to improve the image and standing of the OTC rep with health professionals, and, in particular, the pharmacist" (and assistants, we hope).

The first examinations are expected in 1998.



Congratulations to Amandeep Srawn, winner of the Anadin Safety Campaign competition, recently featured in *Over the Counter*. Amandeep's prize package includes a mobile phone with one year's line rental, as well as a motorist safety pack containing a reflective triangle, a fluorescent bib, a road map of Britain, an Anadin Extra phone card, pad and pen, and an emergency tyre puncture repair kit

## Gehe win battle for Lloyds Chemists

The battle between Unichem and Gehe for the chain of Lloyds Chemists finally came to an end with Gehe paying £684 million to come out on top. The acquisition of the chain of 920 Lloyds pharmacies, added to the

350 Hills Pharmacies already owned by Gehe, makes it the biggest high street pharmacy chain. Boots the Chemists falls into second place with 1200 stores and Unichem's Moss Chemists has 470.



## How's my driving?

Unichem is so confident in the ability of its drivers that it has registered with the 'How's My Driving' campaign.

The Unichem fleet, based at 12 depots throughout the UK, displays a distinctive yellow and black symbol, featuring a Freephone number (0800 266 266), the words 'How's My Driving', and a unique reference number. Motorists can then telephone the campaign office 24 hours a day, 365 days a year, in confidence, quoting the vehicle reference number with any particular comments on that driver, whether positive or negative, at no cost to themselves. Reports and quarterly summaries are then fed back to the depot concerned.

## Animal testing

New regulations forbid the use in cosmetics of any ingredients tested on animals after January 1, 1998.

Any reference to animal testing on the labelling or advertising of a cosmetic must state clearly whether the testing was on the product or its ingredients.

The Cosmetic Products (Safety) Regulations 1996 also require cosmetics to be labelled with their ingredients and their function, unless the latter is clear from the presentation.

Although parts of the regulations came into effect on December 16, retailers have until January 1, 1998, to comply with these labelling requirements.



Barry Shooter Pharmacies recently bid farewell to two long-serving medicines counter assistants. Almost the entire staff of the chain attended a training and social evening at Manor Chigwell Hall where Barry presented Joyce Sweeting and Eileen Gibbins with Edinburgh Crystal decanters to mark their retirement. Joyce and Eileen had worked at the Elm Park branch in Hornchurch for 16 years and 13 years respectively. Pictured at the presentation are (left to right): Gary Boorman, Elm Park branch manager; Joyce Sweeting; Eileen Gibbins; and Barry Shooter



# ADMINISTER THE ANAESTHETIC



ny customers always rely on their pharmacist for advice. And when these  
omers need relief from sore throats, Dequacaine is one of the strongest  
ommendations you can give.

quacaine contains Benzocaine, a powerful local anaesthetic to numb the pain  
the antibacterial ingredient Dequalinium Chloride to help fight infection.

quacaine has always been supported by pharmacists and with a proven  
fitable track record, a recommendation of Dequacaine ensures your services  
well rewarded.



24 Lozenges  
**Dequacaine**

TREATMENT FOR  
SEVERE SORE THROATS

*Powerful Local Anaesthetic  
Fast-acting Anti-bacterial Agent*

Benzocaine, Dequalinium Chloride

MAKE DEQUACAINE YOUR POWERFUL  
RECOMMENDATION FOR SEVERE SORE THROATS

**ICT INFORMATION** Throat Lozenge containing Benzocaine B.P.  
Dequalinium Chloride B.P. (1.25mg). **Also contains:** Sodium Saccharin,  
Menthol, Racemose, Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal  
Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief  
of sore throats. **Contra-indication:** Hypersensitivity to any of the  
APIs or to para-aminobenzoic acid and its derivatives. Patients with low

plasma cholinesterase concentrations and taking anticholinesterases.  
**Precautions:** If symptoms persist, consult your doctor. Not recommended for  
use in pregnancy and lactation except under medical supervision. Should be used  
with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children  
over 12 years, one lozenge to be sucked every two hours, as required. Do not  
take more than 8 lozenges in any 24hr period. Not suitable for children under

12 years of age. **Side effects:** Occasional hypersensitivity reactions and  
Methaemoglobinemia. **Packaging quantities:** 24 lozenges in a box. **Legal  
Category [P] RSP:** £2.25 PL 03277/0063  
**Licence holder and manufacturer:**  
Crookes Healthcare Ltd, Nottingham  
NG2 3AA Prepared September 1996 CROOKES HEALTHCARE





# Weight of evidence

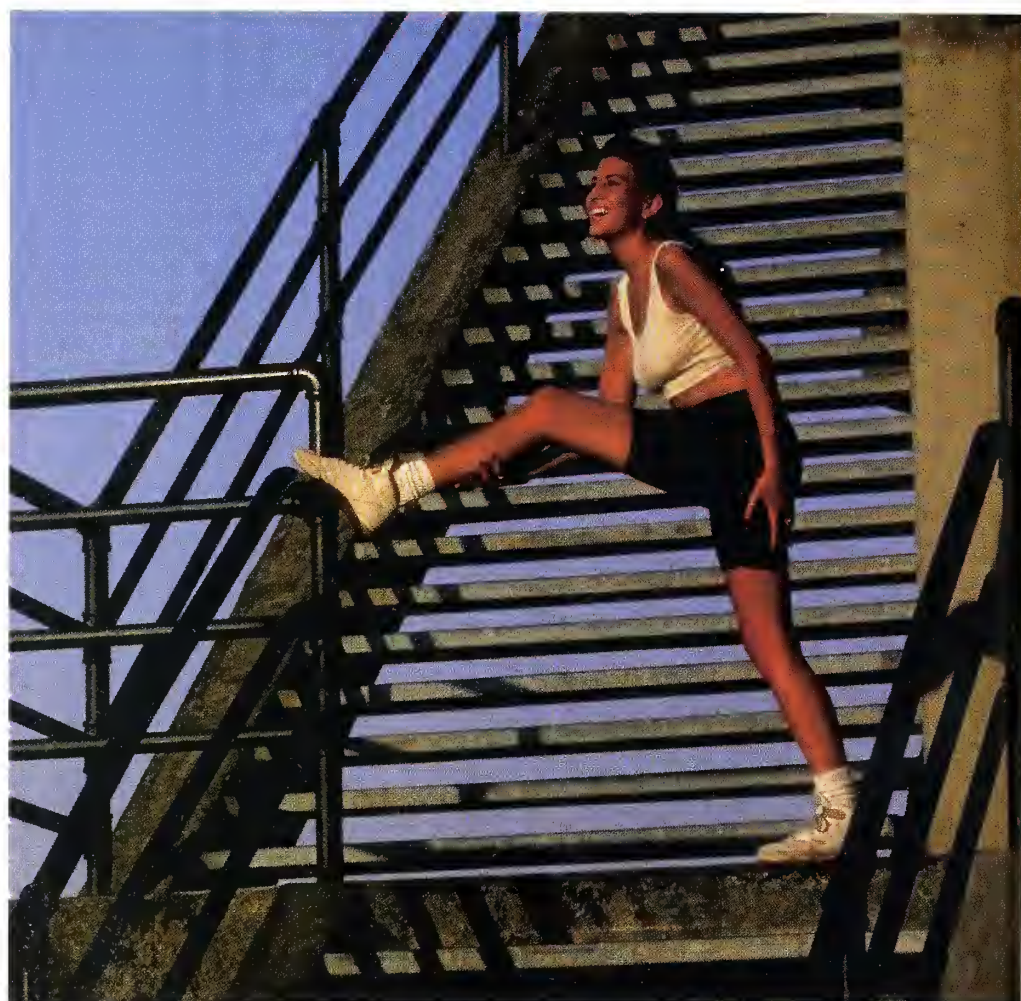
**Sensible eating and regular exercise are the keys to losing weight and being fit and healthy. Follow Sarah Purcell's advice and 1997 could be the year you get rid of those extra few pounds - permanently**

New Year is the perfect opportunity to reassess your life and resolve to change the things you don't like. For many of us that means taking the decision to lose those extra pounds that have been hanging around since last Christmas and making a real effort to take some regular exercise. We all know that it would make us feel and look healthier, giving our confidence a boost, too, so why not cut the excuses and just do it?

## What makes us fat?

As a nation, we Brits are getting fatter - experts say that as many as one-third of us are overweight and the numbers are rising. The Government is concerned about this trend, which impacts on our health. In 1992, its Health of the Nation document set targets to reduce levels of obesity - it aimed to reduce the number of overweight men by a quarter and women by a third. According to a recent 'Which?' report on slimming, these targets have not been reached, and, in fact, the proportion of people classified as overweight or obese has increased. Perhaps more worryingly, other recent studies have found that more children are now overweight, too.

Modern living is an important factor in weight problems, with increasing numbers of people doing sedentary jobs, eating convenience food and taking little or no exercise. "Quite simply, if you consume more calories than your body burns up, you will put on weight," says Dr Mike Smith in his book, 'Eating Disorders'. While he admits that individual metabolism



does play a part, only a few people suffer from a medical condition which makes them overweight. "Far too many overweight people who do not have this disorder use it as an excuse not to do anything about their weight," says Dr Smith.

For those who aren't worried what they look like, think about the favours you'll be doing your health. Obesity has been linked with high blood pressure, heart disease (the most common cause of early death), diabetes, some cancers, osteoarthritis, gout and gallstones.

If you're wondering whether you might be overweight, look at the following checklist of conditions common to people who are overweight:

- you love fried food
- you usually eat chips with everything
- you eat lots of dairy products
- you often snack between meals

- you eat lots of fast food and takeaways
- you love sweets and sweet food
- you tend to skip breakfast and fill up later
- you tend to eat erratically and at irregular times
- you comfort eat when you're fed up
- you drink a lot
- you rarely exercise.

If you answered yes to most or even some of these statements, then your diet and lifestyle could definitely do with a make-over.

## What is overweight?

We all have different ideas about ideal weight, but to be realistic you need to find out how much extra weight you are carrying. The easiest way to work this out is to weigh yourself and measure your height. Once you've done this, look at the chart on p9 and compare the two figures to see if your weight falls in the acceptable range for your height.

The table above is a guide

## How many calories do you need?

Age	Kcals per day	
	Female	Male
15-18 yrs	2,110	2,755
19-50 yrs	1,940	2,550
51-59 yrs	1,900	2,550
60-74 yrs	1,900	2,380

to how much you should be eating a day, but this will depend on your own circumstances. If you're very active, then you may need more, while if you have a sedentary job and take little exercise, then you may need to eat less.

## Fat attack

In the average Western diet, fat accounts for 40 per cent of all the calories eaten, compared with the recommended maximum of 30 per cent. But while we know that too much fat is bad for our health and is the main cause of those extra pounds, some fat is essential



**A healthy diet**  
To stay healthy, nutritionists recommend that we follow these guidelines.

- **Eat and drink more:**  
fresh fruit and vegetables  
fibre (wholemeal bread, cereals)  
pasta and rice  
water  
fruit juice and herbal drinks
- **Cut down on:**  
fatty and fried foods  
protein-rich foods  
sugary foods, such as biscuits  
and cakes  
salt  
tea and coffee  
alcohol

for the proper functioning of the body. However, some fats are better for us than others.

- **Saturated or animal-based fats**, found in butter, cheese, full-cream milk, cream and meat, should be kept to a minimum, as too much of these will clog the arteries of the heart. Fat is a high-energy food, which, if not burnt up quickly by the body, will turn into fat.
- **Unsaturated fats**, found in vegetable oils and margarine, are good for us, as they contain essential fatty acids which help with a whole host of body functions.

## Sugar craving

Apart from giving us energy, sugar has no useful nutritious function – hence the phrase ‘empty calories’. While eating too much sugary food encourages tooth decay, especially in children, in adults it tends to turn into extra pounds, as the energy we don't need is stored as body fat.

While you know that things like cakes, chocolates, sweets and jam are all loaded with sugar, there are

many foods which contain hidden sugars. These include breakfast cereals, ice cream, soft drinks, peanut butter, alcoholic drinks and puddings.

## Planning meals

You don't need to eat three solid meals a day to stay healthy; what matters is choosing the right foods and making sure your diet includes a good variety. Your meals should contain plenty of starchy foods, such as cereals, bread, rice, potatoes and pasta, with lots of fruit and vegetables – ideally about four portions per day. You need some protein-rich foods, such as meat, fish and dairy products, but not huge quantities, and fatty and sugary foods should be kept to a bare minimum. You can snack between meals, but only on healthy foods, such as fruit or plain yoghurt.

Breakfast is the most important meal of the day, whether you're slimming or not, and if you miss it, then you'll be lacking energy by mid-morning and that's when it becomes all too tempting to reach for a chocolate bar or bacon sandwich.

Your main meal of the day doesn't have to be in the evening, it can be at lunch-time instead, if you prefer.

## The best diet?

There are hundreds of diets to choose from, many of which promise miracle

weight loss in a matter of weeks. Don't be taken in! There is no quick-fix diet that will keep the weight off in the long-term. If you want the results to last, what you need to aim for is slow but steady weight loss. If you've ever tried a crash diet, then you'll know that the pounds pile back on as soon as you come off it, and it doesn't do your health much good either.

For a diet to work, you have to be able to continue eating the foods that you enjoy, albeit in smaller quantities. You shouldn't cut back your daily calorie intake by more than a third (about 500 calories), and by doing that you can expect to lose about 1-2lb per week.

## Get active

If you want to lose weight and improve your health, a good diet is not enough – it needs to be combined with regular exercise to improve your digestion and metabolism, as well as burn off extra calories.

Nine out of ten adults know that it's important to take regular exercise, yet according to the Health Education Authority, only four out of ten men and three out of ten women do so. About a fifth of women aged 16-74 are mainly sedentary, taking less than half an hour of physical exercise a week.

Many people are put off exercising because they

## Dieting tips

- Cut back on fatty and sugary foods
- Don't cut out all your favourite foods – allow yourself the occasional treat
- Fill up on fruit and vegetables, and use them as snacks when you feel hungry between meals
- Don't skip meals – you'll only end up reaching for unhealthy snacks instead
- Serve your food on a smaller plate so you don't notice the smaller quantities

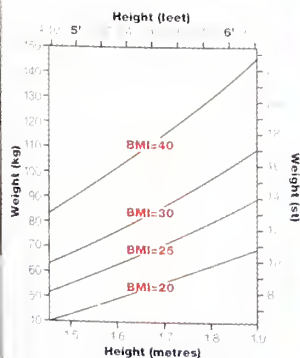
don't like sport or they say they haven't got the time. But you don't have to be sporty or have lots of spare time to stay fit. “The secret is to fit physical activity into your everyday life – a brisk walk during your lunch break, walking to the shops instead of going by car or bus, gardening, heavy housework or DIY. Choose something to suit your lifestyle,” says the HEA in its Active for Life campaign, which is designed to get the nation moving.

However, if you have particular health problems, you should always check with your doctor before starting a new activity. If you haven't been active for some time, start gradually and build up slowly.

Begin with 15 minutes of moderate activity, then build it up to half an hour a day. The HEA recommends at least 30 minutes of moderate physical activity, at least five days a week to stay fit and healthy.

## Exercise ideas

- Go for a brisk walk, swinging your arms and letting yourself get mildly out of breath. For even more benefit, do your walking on uneven ground or walk up a slight hill. Walking the dog is ideal.
- Swimming is one of the best all-round exercises. See how many widths or lengths you can do in half an hour, taking breaks when you need to. As you progress, increase the number of widths or lengths you swim.
- Cycling is one of the most convenient ways to exercise, as it gets you where you want to go, too. Try cycling to the shops or to work.
- Many people find it helps to exercise in a supervised group. Why not sign up for a gentle keep fit class or, if you're used to exercise, an aerobics or step class? If you prefer to get fit at home, buy an exercise video instead.



**BMI ranges**  
 < 20 = Underweight  
 20-25 = OK  
 25-30 = Overweight  
 > 30 = Obese

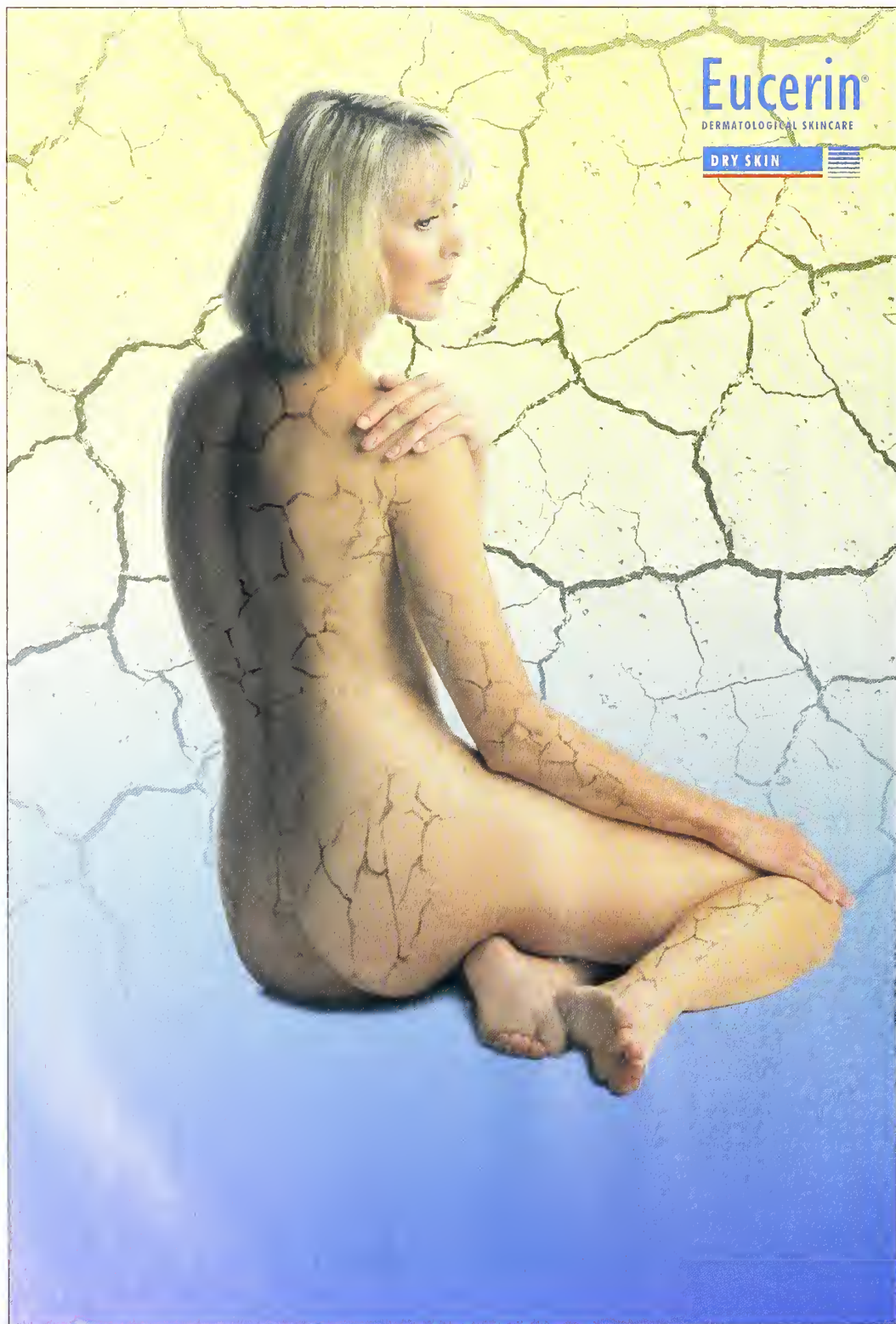


Continue eating the food you enjoy in smaller amounts



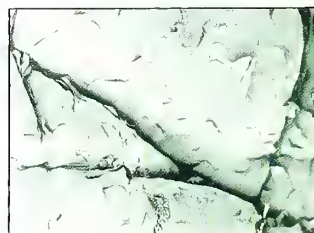
# Anybody can suffer from the discomfort of dry skin ...

the new Eucerin range offers a real solution

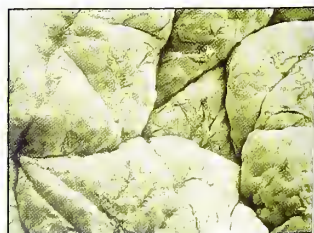


**S**kin is the largest organ in your body, covering between one and a half and two square metres and comprises some 10 per cent of the body's weight. It is a water-tight layer which protects against harmful substances, serves as a temperature regulator, allows us to touch and feel, and helps eliminate waste. It acts as a protective layer made up of horny, keratinised cells, lipids and moisture-binding substances, such as urea. The condition of your skin is determined by the elasticity of this hydro lipid film. If these factors are removed, the skin becomes rough, dry and cracked.

One in five of the UK population is reported to suffer from dry skin. It can be caused by a number of factors, including temperature extremes, central heating, age, pollution, UV rays, and soaps and cleansers. Regular application of emollients prevents and manages dry skin conditions and can maintain the delicate pH balance.



Dry skin – magnified x 200



Healthy skin – magnified x 200

## How can emollients help?

Emollients are mixtures of oils and fats in water, which can be used to help prevent and manage dry skin, mild eczema and





New Eucerin is the number one brand recommended by dermatologists in the US

other skin conditions, such as psoriasis and ageing skin. They should be applied regularly, particularly after a bath when the skin is still moist.

## Urea – a natural moisturiser

- urea plays an important role in maintaining the moisture balance of the epidermis. It is a key constituent of the Natural Moisturising Factor (NMF) of the skin, which is mainly responsible for maintaining skin's suppleness
- urea has been extensively used in dermatological therapy
- many emollients simply act by occluding the water-loss from the outer layer of skin. Topical application of urea actually binds water into the skin, effectively improving levels of skin hydration
- it helps encourage skin renewal from the layers below the epidermis
- skin conditions such as psoriasis, atopic dermatitis and ageing skin diseases reduce the content of urea, which can make the skin more prone to irritation.

## Eucerin uses natural moisturiser

Eucerin is a new range of skin care emollients from Beiersdorf, the maker of Nivea and Atrix – it is already the number one dermatologist-recommended brand in the US<sup>1</sup>, and is well established in European markets. The Eucerin range offers a real solution for problem dry, and extremely



Eucerin Shower Therapy contains natural oils and lipids

dry, skin and is available over the counter to suit the individual sufferer. It contains a natural moisturiser found in healthy skin – urea.

## Who can benefit from Eucerin?

The unique Eucerin skin care range can be used for a range of dry and extremely dry skin conditions to soften and soothe dry, rough skin.

Eucerin is formulated to minimise the risk of allergic reaction and irritation.

The Eucerin range is suitable for:

- the relief of dry skin
- protection against dry skin conditions
- dry skin care in the elderly.

Eucerin – a new dimension in caring for all types of dry and extremely dry skin.

All Eucerin products contain neither fragrance nor colouring agents and have been dermatologically tested.

## ● Eucerin dry skin 10 per cent Urea Lotion

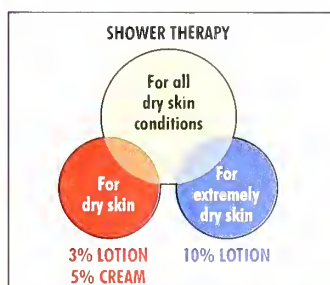
A light, easily-absorbed, non-greasy moisturising lotion formulated to increase suppleness and reduce moisture loss in extremely dry skin. Use all over the body to assist skin hydration and increase suppleness in the roughest, driest skin.

## ● Eucerin dry skin 3 per cent Urea Lotion

A light, easily-absorbed, non-greasy moisturising lotion which helps restore and maintain the skin's natural moisture balance. Apply to all areas of the body to protect chapped and dry skin.

## ● Eucerin dry skin 5 per cent Urea Cream

This gentle moisturising cream is formulated with added urea to provide longer-lasting action to help restore moisture levels. Use typically for specific body areas, such as hands, elbows, knees, etc.



## Eucerin dry skin Shower Therapy

While the protective layer of our skin is slightly acidic, ordinary soaps and shower gels are often alkaline. So it's hardly surprising that everyday washing can upset this delicate balance, leaving dry skin more vulnerable. This slightly foaming shower oil, also containing natural oils and also lipids similar to those found naturally in the skin, improves skin hydration and soothes and softens dry rough skin which may be prone to itching. The oils in Eucerin Shower Therapy remain on the skin to provide an emollient effect to help restore the natural moisture balance. It also contains 65 per cent skin-related lipids to supplement the skin's own protective outer layer and help prevent further drying.

Source: IMS Data (NDTI), 1996. For copies of consumer information leaflets and details of promotional trial sizes of the Eucerin range, contact Beiersdorf. Tel: 01908 211333.



# Let's help

**New Year is traditionally a time when smokers make that extra effort to give up for good. Consultant pharmacist Mary Allen describes the damage smoking does to health and how to help nicotine addicts kick their habit**

Just before Christmas, there were two more reports on the effects of smoking, with bad news for both sexes. One showed an increase in the death rate from smoking for women, while the other suggested that damage to fathers' sperm through smoking may cause some childhood cancers.

With the New Year comes the time for resolutions and change. Hopefully, your pharmacy is geared up to promoting smoking cessation and related products. Have you thought how best to use your leaflets and so on? Do you just leave them in racks or piles or do you promote them more actively?

## **The bad news is...**

Around one third of men and women smoke. The numbers are coming down, but remain high. From Health Education Authority figures in 1995, 120,000 people died of smoking related illnesses, more than one third of them women.

This means that a woman dies every 12 minutes of a smoking related illness.

Cigarette smoke contains several damaging chemicals. The hydrocarbons in smoke are thought to be the cancer causers, while carbon monoxide and nicotine affect the blood and cardiovascular system.

Where cigarettes are concerned, we are not just talking lung cancer.

Smoking is also associated with cancers of the mouth and larynx, bladder, oesophagus, cervix and pancreas.

Smoking is bad news for the heart and cardiovascular system. The haemoglobin in blood is responsible for carrying oxygen around the body to the tissues. Carbon monoxide in cigarette smoke combines with the haemoglobin, affecting its oxygen-carrying capacity. Nicotine acts on the nervous system increasing blood pressure and heart rate. So this means that together, nicotine and carbon monoxide cause the heart to work harder while receiving less oxygen from the blood to help it do its work.

Smoking also leads to an increase in the rate of atherosclerosis (clogging of the arteries), and a greater risk of clot formation. This in turn may lead to heart attack or stroke.

In the respiratory system as well as causing lung cancer, smoking can worsen asthma and other conditions in the airways. It paralyses the little hairs, known as cilia, which help to clear all the unwanted secretions and particles from the airways. Smoking also affects the ability of the lungs to transport oxygen into the blood.

Smoking is no good for the stomach, either. Nicotine increases the production of stomach acid, which makes indigestion worse and ulceration more likely. Smoking can also affect the functioning of ulcer-healing drugs so they are not as effective as they could be. Bones don't escape either – smoking is a risk factor for osteoporosis.

In diabetes, smoking causes even more problems. It affects insulin absorption and worsens all the complications of diabetes such as heart disease, eye problems, kidney disease and vascular problems in the limbs.

You don't even have to smoke to suffer these problems! Passive smoking is known to cause heart



disease, and lung and other cancers. It can damage sperm, and increase the risk of miscarriage. In children, it can produce persistent cough, bronchitis and asthma. It is associated with glue ear, acute ear inflammation and has been implicated in cot death.

## **Risks and rituals**

So why do people smoke? Some do because they enjoy it, despite the risks to themselves, their children and others. It is a learned behaviour, and is even now regarded as a social thing – the largest group of new smokers is those in their teens. Teenagers whose

parents smoke are more likely to smoke themselves.

Once started it is not easy to give up. Nicotine is a very addictive drug and causes unpleasant withdrawal symptoms. There is also the psychological aspect in having something to do, or having something in the hands or mouth. Established rituals such as smoking after a meal are hard to break.

## **Target your actions**

Most smokers would, however, like to stop. By getting the right advice you and your colleagues can help a smoker along the way to giving up. People can be targeted in different ways.



# Kick butt

First, there is the information approach. Good quality leaflets are readily available for distribution through pharmacies. Make sure you ALWAYS have stocks – persuading people to stop doesn't have to be confined to New Year and its resolutions, or to National No-Smoking Day in March. Keep leaflets available for people to pick up all year round.

## Campaigning

From time to time you can combine your leaflet displays with a special push – maybe to coincide with a national or local campaign – and provide a window display focusing on smoking cessation, and maybe some publicity in the local press. Remember that the worst offenders do not visit the pharmacy themselves – getting the message across to middle-aged men or teenage boys may mean targeting the wives and mothers (though you need to bear in mind that a nagging wife or mum may make matters worse!).

Then there is the 'intervention' approach. People coming into your pharmacy to buy medicines may often describe smoking-related symptoms. The obvious one is a cough and this may provide an opportunity to ask if the customer smokes. Remember that children with coughs may be suffering because of their parents smoking. The dangers of passive smoking may stimulate a young mum to give up – even if she won't do it for her own good, she may do it for the sake of the kids. Selling pregnancy tests provides another opportunity for raising the issue.

Your pharmacist may want to think about targeting groups of patients who are at special risk like people with asthma, diabetes or heart disease and persuade them to stop smoking. Some pharmacies run smoking cessation clinics, where they target these at special risk groups or anyone who wants to give up.

## Table 1

### Tell your customers

- to pick a day (preferably today) and give up completely – cutting down doesn't work
- to throw away all cigarettes, lighters and so on
- to enlist the support of family and friends
- to avoid situations where they know they'll find it hard not to smoke
- to think of 'distracting' activities ready for the times when they suffer intense urges to smoke. Cravings usually pass within three minutes
- that vitamin C (in the form of fresh fruit or tablets) does seem to help rid the body of nicotine
- that the third day is usually the worst
- that the withdrawal symptoms will be over in three weeks
- to use the money they are saving to treat themselves to a facial or a massage – whatever (healthily) turns them on.

Most importantly, tell them to come back and let you know how they are doing – firstly on day three, then each week, and when they wish.

You can do a lot to help people who want to give up. Maybe you even gave up yourself once (or maybe you are just about to). Imagine how supportive you could be to another would-be quitter if you've been through the whole awful experience yourself.

## Commitment

The key factor in giving up smoking is that the smoker must want to give up. No amount of support from others, information, nicotine patches or anything else will make any difference unless the smoker really wants to do it. Only when they have made that commitment does the rest help, and then support and advice is sometimes all that's needed. Advice on giving up smoking appears in Table 1, above.

## OTC assistance

Nicotine replacement products help some people. The awful cravings that people suffer are due to the nicotine component of cigarette smoke. Nicotine gums and patches help people over the worst by providing enough nicotine to reduce the cravings and withdrawal symptoms, while the smoking habit itself is busted.

To overcome the urge to smoke, nicotine gum (such as Nicotinell or Nicorette) should be chewed until the

smoker is aware of a strong taste and then placed between the gum and cheek until the taste is gone; this can be repeated, up to a maximum of 15 pieces a day. Smokers who smoked less than 20 cigarettes a day should start on the lower strength gum (2mg). Those who smoke more than this or who crave a cigarette within 20 minutes of waking up, should start on the 4mg. Quitters should reduce the quantities of gum slowly over about three months. (Be careful that customers don't get hooked on gum. There can be a tendency to substitute one habit for another!)

Nicotine patches deliver nicotine at a regular rate through the skin. Again, the starting dose depends on the number of cigarettes smoked. The patches can sometimes cause sleep disturbances such as insomnia or strange dreams, so for people who suffer, the 16-hour patch (Nicorette) is better, while the 24-hour patch (Niconil, Nicotinell) is suitable for people who suffer early morning cravings. Nicotine lozenges such as Stoppers may also help. Although Nicobrevin capsules do not contain nicotine, many smokers find that the combination of menthyl valerate, quinine, camphor and eucalyptus oil, relieves some of the withdrawal symptoms.

## Show an interest

Your pharmacy probably has a protocol for the sale of nicotine replacement products. You may refer all customers to the pharmacist, at least for the first request. However, you can really help the customer by showing an interest and telling them to pop in to tell you how they are doing. For some people, this is the single biggest factor in giving up.

I remember in the mid 1980s when the nicotine gum first came out, the manufacturers produced a useful booklet full of helpful tips on what to do when giving up. In those days, the gum was prescription only so we couldn't sell it over the counter. However, I persuaded the rep to give me a large quantity of the booklets and I gave them to people when they asked for advice on smoking cessation, referring them to the pages on the non-gum tips! I told them to let me know how they were doing and they always came back – if only to show off their success! Although I never measured it statistically, I reckon that the success rate produced by the use of the booklets alone was at least as great as that from the use of the prescribed gum (but don't tell the manufacturer!).

## You can help

Just after Christmas, my daily paper carried two other smoking related news items. One, on December 27, reported that the Royal College of Nursing had launched a campaign on Boxing Day to promote nurses in helping people to give up smoking. The other on December 30 gave the results of a Natwest bank poll of teenagers' New Year resolutions.

The number one resolution for boys (and number two for girls) was to stop smoking. While nurses can do a great job, you are more likely to come into contact with younger people (and others) who want to give up than nurses are.

Think about it...



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# Evening Bugle

8TH JANUARY 1997

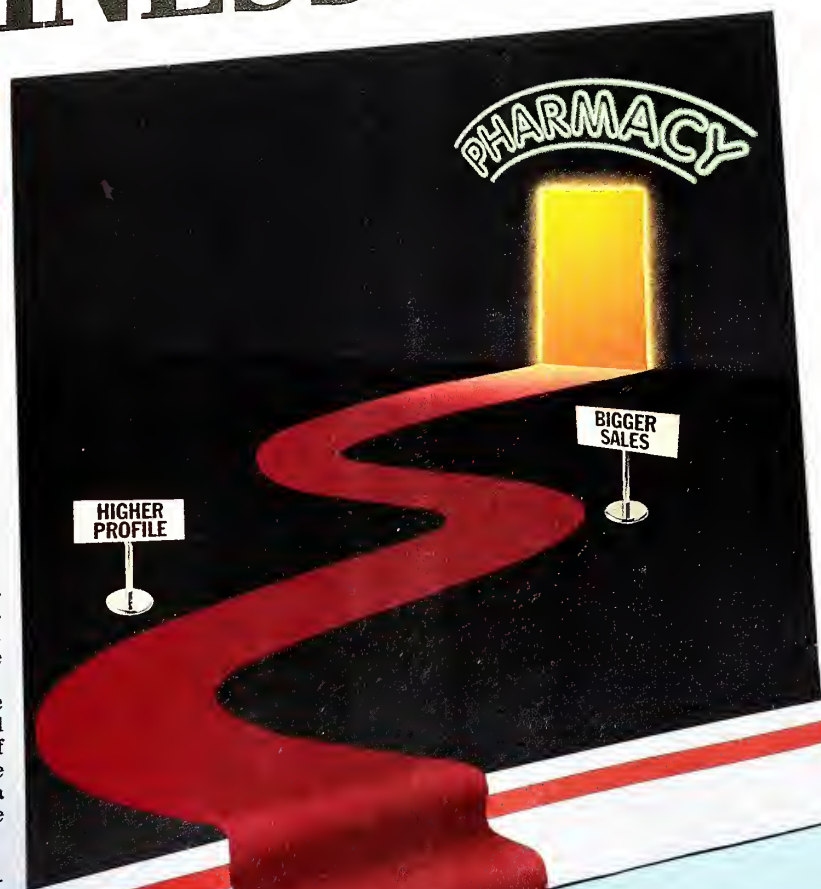
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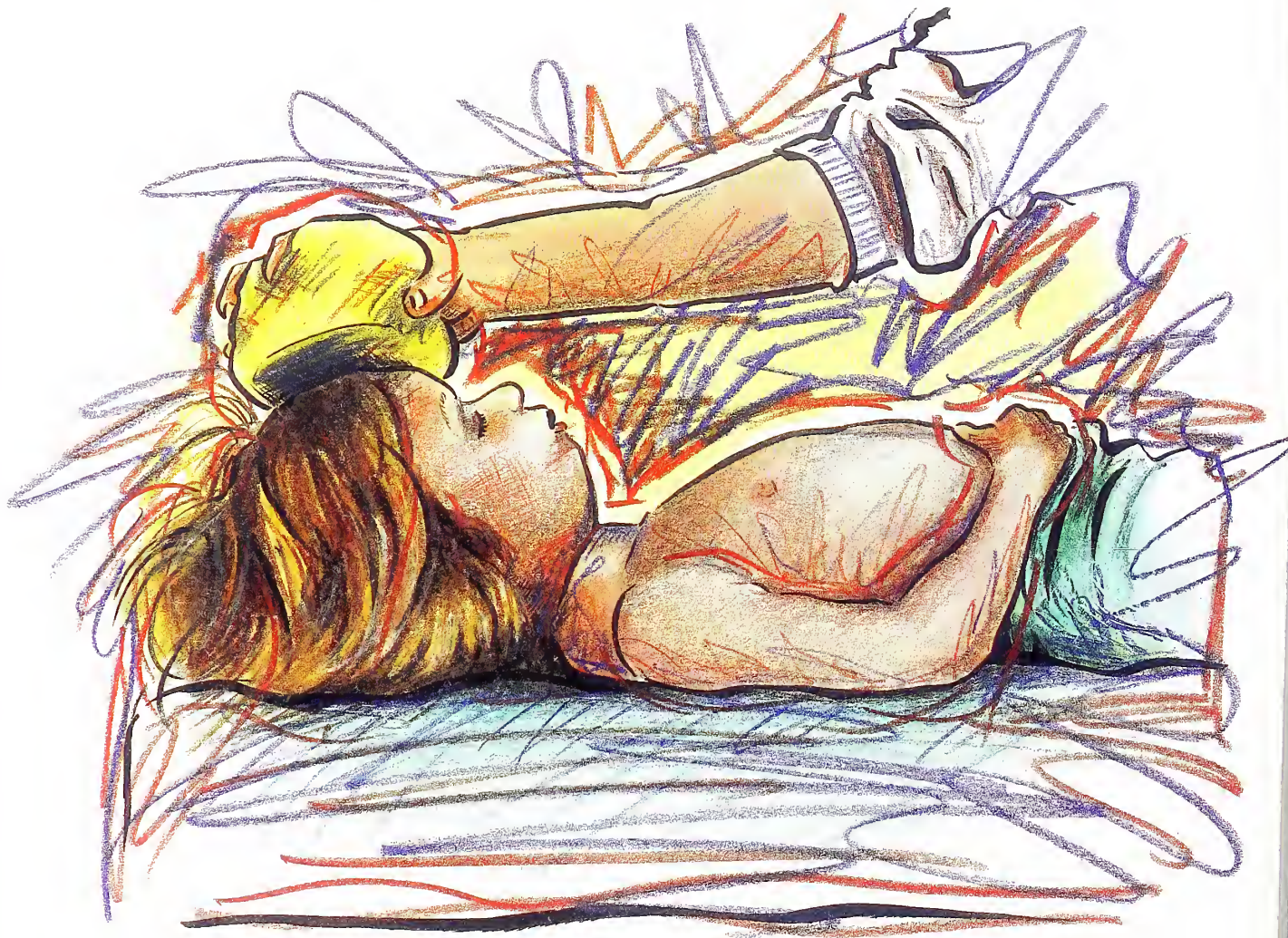


Information: Presentation: Nicorette Gum contains 2 mg of nicotine in a chewing gum base. Indication: An aid to smoking. Dosage and Administration: Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette is gradually withdrawn. Maximum recommended daily dose: 15 x 2 mg pieces. Not suitable for children. Precautions: Peptic ulcer, angina, coronary disease. Contra-indications: Pregnancy. Adverse effects: Occasional hiccups, indigestion, hypersalivation, throat allergy. Package Quantities: Boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. £1.49 (15), £2.98 (30), £5 (trade price correct at time of printing). Legal Status: [P]. PL No: 0022/0101: held by Pharmacia Labs. Ltd., Milton Keynes, MK5 8PH.



# Oh, mum!

Sick children are every parents' nightmare. *Jeremy Clitherow* MBE, FRPharmS, a community pharmacist from Knotty Ash in Liverpool guides us through the maze of childhood illnesses, helping us distinguish emergencies from less serious conditions



There cannot be a parent who has not stood in watchful silence at the side of their new-born babe's sickbed at 4 o'clock in the morning. You stand there waiting for the babe's every breath. It is quite natural. All parents have been there and done that. As the child grows older, the 4 o'clock vigil is replaced by another familiar scenario – the plaintive "Mum! I can't sleep", or the tear-stained face at the side of the matrimonial bed.

The one common factor is the next morning: the child is as bright as a button and

the parents feel as though they have been through the wringer. Sleep deprivation and logic do not go together. That is why you should expect – and welcome – all manner of questions from new mums and dads. They are worried, they are tired and they need reassurance and positive advice.

## Emergencies

But, and it is a very big but, before you start giving advice on minor childhood symptoms and illnesses you must exclude the three major common emergencies and one critical illness.

The emergencies are:

- acute chest infection
- acute diarrhoea and vomiting
- convulsions.

The critical illness is:

- meningitis.

The early symptoms of meningitis may be just a slight fever and headache.

The 'acute chest' as it is commonly known will normally present as a wheezy chest, with a cough, possibly breathlessness and a raised temperature. The peak prevalence is between four and eight years of age. Call the doctor straight away.

In the case of diarrhoea and vomiting in a child of under 12 months, remember the four Ds: diarrhoea, dehydration, doctor and death. Diarrhoea can be fatal in just four hours. Call the doctor, at once.

The third emergency is convulsions. They are distressing for anyone to see but terrifying for the new parent. These seizures normally fall into two categories, febrile and epileptic. Febrile convulsions occur in the apparently normal child as result of high temperature, hence the name febrile or



ever induced. Characteristically, the fit will occur at the peak of an infection. In days gone by this was seen as the fever peaking and a reason for celebration. Statistically, febrile convulsions are rare before six months of age or after three years.

Epileptic seizures may occur in a normally formed and working brain or be secondary to some form of brain damage or defect. The extent of the fit will vary according to the classification of the epilepsy.

In grand mal seizures, the child will lose consciousness, often cry out and suddenly go rigid (the tonic phase). At this stage there is a risk of biting the tongue and invariably loss of bladder control. Because of the disturbance of normal breathing, the child's face may temporarily go blue. The next phase is the clonic phase (the clonic phase) where the body exhibits the easily recognisable rhythmical twitches. The little patient will then pass into a deep sleep and probably wake later on, complaining of the aches and pains in the overstressed muscles of his arms and legs. Headache is common after a seizure.

Petit mal is as its name suggests, small. Another variant of this condition is called absence seizures. The patient becomes vacant. He is conscious but just 'not with it'. The parents will describe a transient loss of concentration and a blank expression on the face. There may or may not be any twitching. If there is, it can be confined to just a fluttering of the eyelids or generalised.

Bedside treatment for febrile convulsions relies upon reducing the temperature using cold wet towels or sponging with cool water, and supportive measures to reduce any mechanical and physical damage. Treatment for petit and grand mal attacks are supportive.

### The critical one...

One critical illness which must be considered in every case is meningitis. The condition is an inflammation of the meninges which line the brain. The causative organism can be bacterial, viral, fungal or malignant.

Bacterial infections via the nose, throat and chest are the commonest. The onset will usually be dramatic once the incubation period

of one to five days has passed. Headache, neck stiffness, fever and vomiting are cardinal pointers. Call the doctor immediately and do not be surprised as he dials 999 for an ambulance. Better safe than sorry.

### Non-emergencies

Coughs can be tickly and irritating, or chesty and produce lots of mucus and phlegm. Treatment usually follows the classification of the symptom. Tickly coughs benefit from syrupy demulcent mixtures, whereas productive chesty ones are traditionally treated with expectorants. Cough suppressants, which actually stop the coughing have a value where the cough is disturbing sleep – of the patient or others – but their use requires careful consideration. Do you really want to suppress this natural process which is clearing the throat and lungs?

If the answer is yes, there are many preparations available. Codeine, pholcodine and dextromethorphan all suppress the cough centre in the brain and will actually stop the cough. Sometimes codeine is added to decongestant mixtures.

### Touch of the vapours

New mums and dads often forget the benefit of inhalations. Steam works wonders for helping coughs. The logic is simple and has stood the test of time. Just ask Gran. She'll probably tell you of the miracle powers of Friars Balsam. "Add one teaspoonful to a pint of hot, not boiling water, and inhale the vapours." Mind the hot water, though!

The volatile ingredients may well add to the value or it could just be the steam. Playtime in a hot steamy bathroom, under supervision, is quite therapeutic.

The other category of cough is the chesty cough of which there are two variants. Productive chesty coughs are almost self diagnosing. You will have to ask the patient's mum "What was it like?" Did the child produce much and what colour was it? Was it clear and runny or thick and sticky? Was it clear or coloured? Did you notice any blood? This is the other value of teaching children to cough into handkerchiefs.

Coloured sputum is usually associated with a chest infection and always dictates referral. White and

frothy discharges are quite common and could indicate bronchitis. Again, this should be referred.

Small quantities of phlegm or clear/white samples are signals of a perfectly normal lung, clearing itself of mechanical debris. A watchful eye is the answer.

Blood is a danger signal. A few little spots indicate that a small blood vessel has burst and wept slightly into the respiratory tract after a particularly hacking episode of coughing. Anything more than minuscule spotting needs investigation straight away.

So far we have looked at mechanical coughs. These are the ones where the body is trying to throw out the plugs of mucus and the annoying excessive secretions from the nose and throat. If there is a temperature, that is different. It points to an infection. The chances are that it will be viral and the doctor will recommend symptomatic relief. If it is bacterial in origin, then an antibiotic will probably be prescribed. The rule is to check the temperature regularly.

There is one small and often overlooked point with children's coughs. A cough is often the first symptom of asthma. Could it be that this child has undiagnosed asthma? (For further details, see *OTC* November 1996, p8). A gentle suggestion to the parent, that this needs to be ruled out and so on, is a subtle way of drawing their attention to the possibility.

### Colds and flu

If you have caught 'flu you will be in bed. You certainly won't be able to come out to the shops. Your head will ache, so will your knees, hips and everywhere else. Just standing is painful. The same applies to children. If they catch 'flu, they will be really ill. To make matters worse, by the time their symptoms show they will probably have infected everyone at school and at home. The incubation period is one to three days and the peak of infectivity is from one day before the symptoms until one week after. Bed rest, plenty of fluids and non aspirin painkillers are the rule of the day. Aspirin is not given to children under the age of 12 because of the now recognised link with Reyes Syndrome, which affects the brain and liver.

The well tried and trusted

remedy is paracetamol. The tablets are rather large and are usually uncoated, which can cause problems as paracetamol has a bitter and persistent taste. If the child is big enough and can swallow the tablets, encourage them to break the tablets and wash them down quickly! If not, you can always try crushing the tablets between two spoons and washing them down or else consider a syrup or suspension formulation.

### Taste it and see

Let me give you another piece of advice based on my own experiences. When a sales representative offers an excellent deal on his new and better value paracetamol syrup, try it for taste before you buy it in. The brand leaders have successfully masked the bitter taste and after taste of paracetamol, some other companies merely colour it over!

Ibuprofen suspension is an alternative to paracetamol. It works well for fevers and childhood pains but cannot be recommended for children under the age of one.

Sugar-free formulations are in vogue now. There is logic in not sending a child to bed with a highly concentrated sugar-based mixture covering all the teeth, gums and any dental fixtures there may be. The sugar ferments or, in other words, is broken down to acid. Enough said? If a syrup formulation has to be given at bedtime, the solution is to insist on a trip to the bathroom afterwards to clean the teeth. Everything has its price!

One of nature's ways of cooling us down when we have a temperature or a fever is sweating. The skin perspires and as the sweat evaporates it cools us. We often forget just how much water can be lost in this way. Dehydration is a real fear, particularly for the very young or very old, so the advice is always 'plenty of fluids'. If the young patient stops going to the loo to pass urine or his urine becomes anything darker than a straw colour, then he is dehydrating. Rehydration is needed and quickly. That's why Gran always used to say, "don't bother too much about the food – he'll start eating again when he's good and ready – but make sure he drinks plenty." Sound advice for anyone with a temperature or a fever.



# Why not go colour crazy?

In years gone by, the most popular way to create a new look was to race to the shops for a new lipstick or eye shadow. In the nineties, however, it is hair colour that has become the biggest statement.

**Anne Mullee** guides us through the process and the products

Tints, streaks, stripes, highlights, lowlights – they're all fair game on and off the catwalks. Because of its popularity, there are plenty of hair colour treatments available both at home and at the salon.

Although home colorants have always been popular, in the past they have often been reserved for covering grey – after all, 50 per cent of the home colorants sold are permanent. Today the 'fun' attitude to hair colour means that wash-in wash-out tints and enhancing shampoos are becoming equally as popular, and you can opt for a temporary change at the hands of your colourist or the kitchen sink, whatever takes your fancy.

Be careful, though – although home treatments are plentiful, experts advise that extreme changes, for example from dark brown to blonde, should be undertaken in the salon.

## Salon specialist

Jane Anderson, a colourist at top hairdresser Paul Edmonds takes us through the colour treatments available from the professionals.

### ● Vegetable Colours

"These are primarily used to give added shine and body to dull or tired looking hair," she explains. "They're great for a subtle change if you're after an improvement in the appearance of the hair, but you can opt for a dramatic, but short-term change and they'll cover about 60-80 per cent of grey."



### ● Permanent Colour

As its name suggests, you can achieve a total change with permanent colour where the shade grows out, rather than washing out. As Anderson explains, "the most popular is a one step process, the tint, where the dye preparation 'exchanges' your natural colour for the colour chosen. It also produces a golden tone to the finished colour". The dye penetrates through the cuticle into the cortex and a chemical reaction between the main ingredients –

ammonia and peroxide – replaces the natural hair colour.

The second method of creating permanent colour in the salon is through bleaching, where the pigment is stripped from each hair shaft before being replaced by the chosen dye. Although stripping sounds harsh there can be some benefits. "Very fine hair can be given more body when bleached," says Anderson.

### ● Highlights and lowlights

These terms refer to a

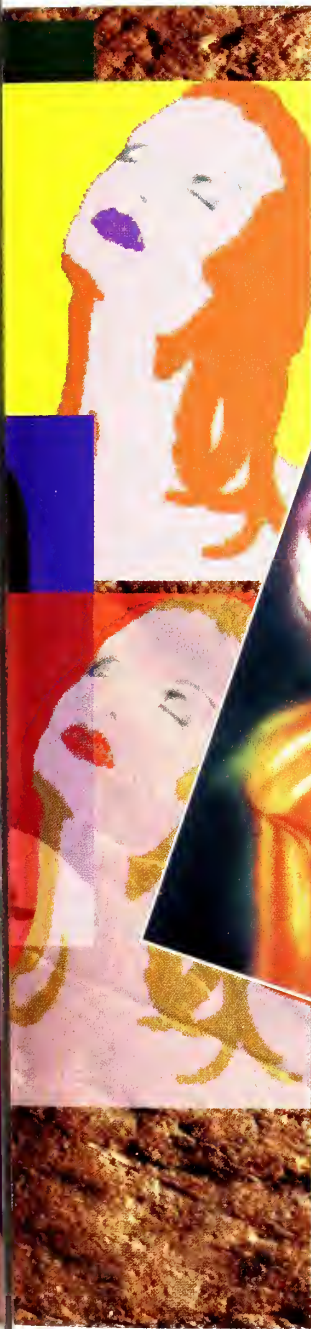
technique rather than a type of colorant. Both permanent and semi-permanent colorants are used on sections of the hair. "To achieve the colour you want different colorants are often alternated with one tint, on bleach," says Anderson.

Highlights can lend depth to blond or light brown hair or simply create more texture in hair, which is naturally uniform in colour.

Lowlights are very subtle adding colour without providing a dramatic effect and usually staying within



three or four shades of the natural shade. They are often used in darker hair to give a particular effect, like framing the face or accentuating your existing tones. An expert colourist can also use highlights and



Illustrations created by Jamie Lamb

with a small percentage of peroxide. This has the advantage of covering about 80 per cent of grey, but is more of a commitment to the colour chosen as you have to live with it.

### Seasonal Directions

Slices and streaks – achieved by highlighting and lowlighting – are still very big news. Anderson predicts, "for spring and summer we'll be seeing a lot more goldish, warmer tones, like coppery reds, golden blondes and honey".

Her recommendations for these seasons look are:

Red hair – Try vegetable colours for shine or add texture with streaks of lighter red throughout your



Picture courtesy: Max Factor

natural colour.

Dark brown hair – Go lighter with light, warm, coppery browns.

Light brown hair – It's easy to go blonde, so try ash or honey slices, or copper highlights.

Blonde – Limitless possibilities, as the blonde spectrum is huge. Try gold and beige for depth and texture.

### Colouring at home

According to a recent survey by L'Oreal, a staggering one in two women use home hair colorants. The most popular shades are blonde, followed by shades of brown, red and black. Home hair colouring is easy and effective, but do take care. See our checklist before taking the plunge.

#### Temporary colours

Temporary colours are shampoos containing colour pigments, which coat the

outer surface of the hair. The joy of using this type of colorant is that you don't have to make a commitment – if you aren't happy, you can wash the colour out.

Try Wella Shaders and Toners, (99p, 14ml sachet); VO5 Colour Enhancing Shampoo (£2.99, 200ml).

#### Semi-permanent colour

You can flirt at home with a new colour by experimenting with semi-permanent colorants which last for six to eight washes. The colour molecules infiltrate the scales which make up the cuticle of each hair, to give a subtle colour and a glossy shine. As with professional semi-permanents, home treatments can also blend in the first signs of grey.

Try Poly Easy Colour (£2.75), Wella Colour Mousse (£2.99), Clairol Loving Care (£3.25), which is the exception to the rule, as it covers all grey.

#### Permanent colour

As in the salon, tints for use at home are designed to create a colour change in one simple step. When using a dramatic colour it's advisable to protect surrounding skin from becoming discoloured (as it can be messy) by using a barrier cream like Vaseline on the neck, forehead and ears.

Try Laboratoires Garnier Belle Color ColorEase Gel (£4.29 approx.).

#### Vegetable colour

Great for livening up post-winter hair and adding depth and shine, vegetable colours contain adhesive polymers which 'cling' to the hair shaft. They are usually chemical free and will enhance colour as well as covering up to 98 per cent of grey.

Try Daniel Field Plant Remoisturising Colour (£3.85).

#### Henna

Henna is a plant extract which contains metallic salts that lock deep into the hair shaft and 'stain' the hair.

Natural henna creates a deep red hue, but modern technology means that other tones of brown, copper and chestnut are available. The colour is permanent and grows out rather than washing out.

Try The Body Shop Herbal Hair Colours (£2.55), Henara Powders (£2.39).

#### Tone-on-tone

In essence, this type of colorant works like a permanent colour as the pigment penetrates the hair shaft and deposits colour molecules with your natural or existing colour. They don't contain any ammonia so they don't strip the hair, although some may contain tiny amounts of peroxide which can subtly fade natural colour very slightly with prolonged use. Happily, this is rarely visible to the untrained eye and you can expect total coverage of grey hair.

Try L'Oreal Casting (£4.39).

### True Colours

One major disadvantage of home hair colouring in the past was the tendency for the colour to dull and fade through regularly washing. The reason this happens is that the colour molecules used in many products have a straight, flat shape which literally slips out from between the keratin scales of the hair shaft. Now two companies are addressing the problem in different ways.

In L'Oreal Recital (£5.29 approx.), the molecules have been adapted into a bulkier, three-dimensional shape which cannot escape from its place in the hair shaft.

Meanwhile, Clairol's Ultress (£4.89) contains a colour maximising gel, which adjusts itself during the colouring process to ensure the maximum amount of pigment is deposited into the hair.

And remember, if your attempts at colouring don't turn out exactly as you had expected, if you can't wash it out, it will grow out – eventually!

lowlights to make hair appear thicker and fuller.

#### High-lift tints

Like the tinting method used in all-over permanent colouring, high-lift tints 'swap' the colour over in one step. Anderson assures us of the advantage of this method. "The difference is that more depth is lifted out of the hair so it's good for brightening darker hair."

#### Semi-permanent

Lasting for up to 24 washes, semi-permanents are made

Home colouring advice

- Always read the instructions carefully.
- Do a patch test on your skin at least 24 hours prior to colouring your hair to ensure any allergic reaction is detected early.
- Make sure hair is in good condition when using permanent colours or bleach.
- Don't use colorants on eyebrows or eyelashes.
- Choose your colour with care – a shade that looks great in the bottle may not be right for you. Take your skin tone into consideration and be prepared to make changes in your make-up to make the most of your new look.



# Stressed out

**Stress is often described as an illness of modern times - deadlines, financial worries and unemployment can all add to the pressure. Zita Thornton identifies the symptoms, sufferers and management options**

A student comes into the pharmacy wanting something to relieve backache. An ambitious salesman asks for something to help him sleep. A young mother is suffering from persistent indigestion. The mother of a bride-to-be keeps getting headaches.

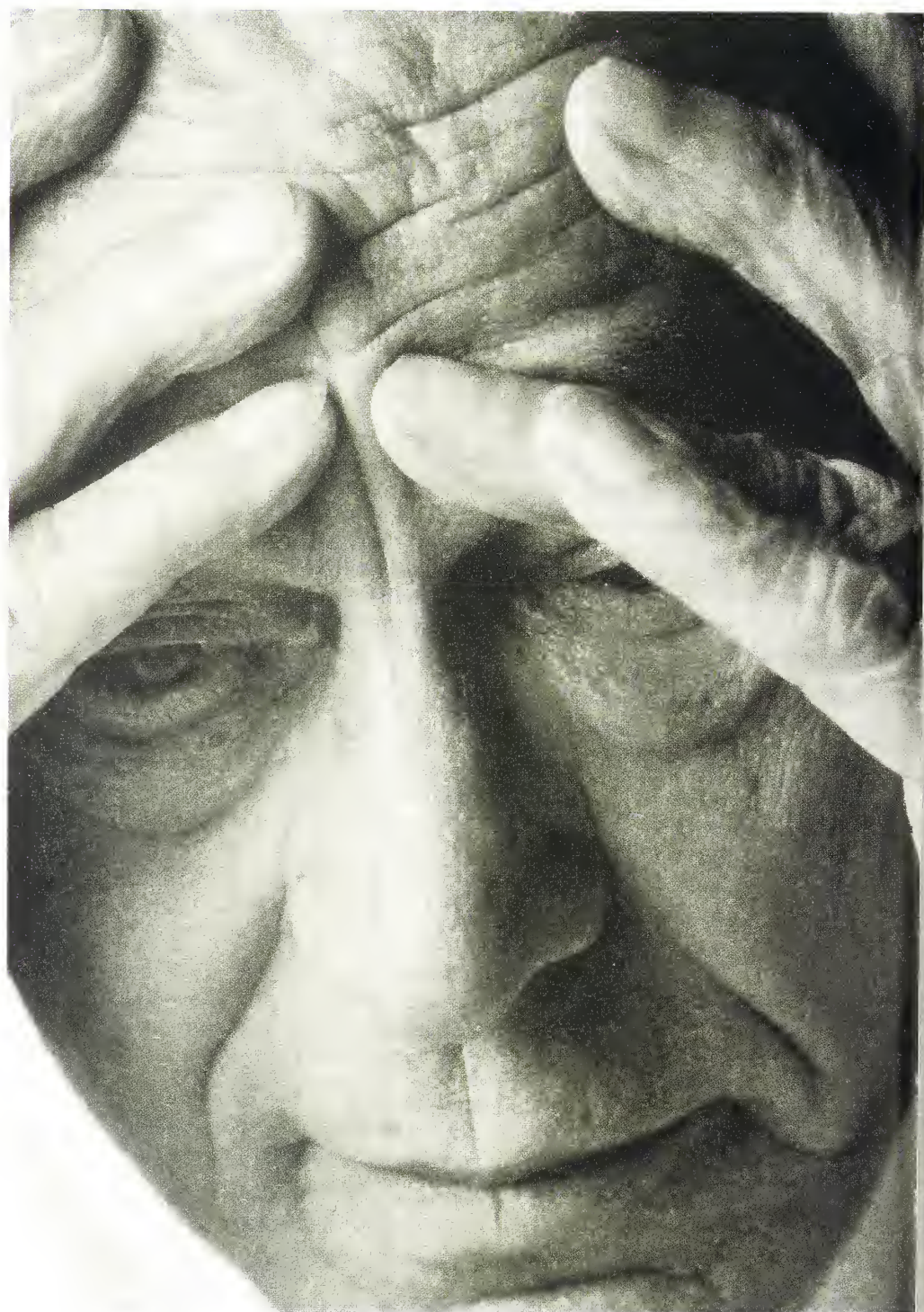
What do these customers have in common? All of them could be suffering from stress, for its symptoms are as varied as its causes, and can affect anyone struggling to cope with the demands of modern-day living.

Stress is not always harmful. In fact, without it we would not be able to deal with unexpected situations or rise to challenges. It is the body's stress response that can save our lives by pumping adrenaline and causing a number of physical reactions to allow us to cope with emergencies. Stress can even be pleasurable; many people take up dangerous sports for the thrill of the resulting stress.

The trouble occurs when the tension doesn't go away and is eventually overwhelming. This could equally be due to one major, life-shattering event, or a number of fairly minor incidents occurring soon after each other. Dr Peter Tyrer, author of 'How to cope with stress', explains that when stress becomes distress it becomes harmful, eventually breaking down physical and mental health.

## **Symptoms of stress**

A whole range of physical symptoms are related to stress. It would be



impossible to include them all, as they range from headaches, diarrhoea, back pain, dizziness, palpitations and skin rashes to high blood pressure, ulcers and asthma. Symptoms also include insomnia and lowered resistance to infections, which leads to further illness.

Sufferers may experience only one or two of these symptoms, their personal weak spots.

Stress also leads to a whole host of mental disorders from confusion and irritability to depression and phobias. These disorders lower efficiency, making ordinary living and working

at the very least difficult, at the worst impossible.

When stressful symptoms occur too often, for too long or are concentrated on one part of the body, they become dangerous. Clearly it is necessary to identify stress before it leads to total breakdown.

To do this we all need to



understand stress and its effects. Then we can be aware that the irritable responses of one person or the frantic activity of another could indicate stress.

### Who suffers?

Stress can affect individuals from all walks of life – mothers, students, businessmen, the unemployed and the elderly.

Dr Tyrer believes that stress is the reaction of the body and mind to change. It may be a short-term event which causes the reaction – a deadline or exam, for instance. Or it could be a drastic change in lifestyle – the death of a loved one, divorce, moving home or job.

For others, it is the ongoing demands of work, environment or life in general. It may be continuous threats to security or self-esteem. Or events such as illness, ageing or adolescence, which appear never-ending and drain the body of its resources.

Many surveys have been done to ascertain what causes most stress and often different reasons top the list. Sometimes budgeting and money problems seems to be the major cause of stress, at other times it is caring for an elderly relative or health problems.

Much stress is related to work and this has become worse as job security has decreased, while workload and expectations have increased.

A TUC survey of a year ago revealed that one in three workers feels so insecure that they are afraid to take sick leave. Almost 70 per cent felt more in jeopardy than two years previously. The latest TUC stress at work survey currently being analysed has already revealed stress to be a concern to 80 per cent of health and safety representatives in education. Last April, the British Medical Association appointed a firm of counsellors to run a 24-hour helpline after finding unprecedented levels of stress among hospital doctors and GPs.

For pharmacists, recognition of an increase in the stresses and strains of life in general, as well as employment, is addressed by 'Listening Friends' launched a year ago as a helpline for pharmacists experiencing stress through work, family, illness,

bereavement or for any other reason.

Nor is it just executives or professionals who suffer stress at work. Five times more shift workers, and bus and lorry drivers suffer from heart disease than managers.

Clearly, anyone, whatever their lifestyle, could be prey to stress. Even an order of nuns, the Sisters of Charity, attended a course to learn about stress management.

Stress is a personal problem and being aware of our personality type and how we might react to stress can alert us to spot early symptoms.

Those who are most likely to fall prey to stress are worriers, pessimists, the conscientious who thrive on order and those lacking in confidence.

Placid, care-free types cope better with stress.

### Stress management

Hundreds of pounds are spent annually by companies sending their employees on courses to learn how to recognise and react to early signs of stress because, as individuals, we all react differently. Situations that one person thrives on may overwhelm another.

There are many books available which can aid recognition and understanding of stress, with strategies for dealing with it. 'The Good Stress Guide' by Mary Hartley is full of exercises which can help individuals to assess their own stress levels and personality, and can help to reduce stress by changing behaviour or lifestyle.

Relaxation techniques will help control the harmful effects of stress, but, in themselves, these are not enough. The cause of the stress must be faced in order to restore proper balance. That may mean adopting different attitudes to stressful situations, learning more optimistic responses or better organisation of time. Being out of control of life is a major stress inducer, so taking control by identifying bad habits, learning to say no or to delegate will help to avoid frustration and tiredness, while the achievement of positive goals will raise satisfaction and self-esteem.

Seeking reassurance or advice by talking over worries instead of bottling them up and recognising priorities within the demands of home and work will help, too.

### Stress facts

A survey carried out by the Institute of Management and Kalmis has revealed that:

- an estimated 270,000 people take time off work every day because of work-related stress
- the most common causes of stress at work are meeting unreasonable demands (56 per cent respondents), office politics (51 per cent) and firing staff
- one in three women worries about bullying or intimidating behaviour in the office
- 40 per cent of male respondents feel they do not spend enough time with their children and cited this as a cause of stress
- over three-quarters of women are stressed by arranging childcare and household matters (compared to less than half of men)
- financial pressures caused concern for half of respondents; negative equity affects 15 per cent
- tiredness and disturbed sleep patterns are the most common causes of stress, reported by 95 per cent and 83 per cent of people respectively
- nearly a quarter of respondents visit their GP to discuss their stress problems but only 6 per cent ask their pharmacist for advice

Several studies have shown links between exercise and the alleviation of depression. Subscriptions to a leisure centre have even been offered on prescription. Exercise is not only a successful way of relieving the symptoms of tension, but is also a good way to keep fit.

Dr Tyrer wonders whether part of our inability to cope with stress in modern times is due to poor fitness caused by a lack of exercise, as well as unhealthy eating and polluted air. He believes in the value of positive physical fitness rather than just the absence of ill health in the fight against stress.

### Self-control

If we think of a tense body as a car being continually revved, relaxation is like a good service which makes for a well tuned, more efficient engine. However, relaxation is not just a case of doing nothing, for the mind and muscles can still be unnecessarily tense.

Relaxation techniques involve learning to identify muscle tension and to reduce that tension, as well as deep breathing in calm and comfortable surroundings. The result is a feeling of physical and mental wellbeing. Heart rate and blood pressure are reduced. Respiration is slowed down. Relaxation techniques need to be learnt and practised regularly. Books and cassette tapes can be helpful, or joining a class can provide motivation.

Improvement in physical as well as mental health are the aims of Tai Chi and the Alexander Technique. They both use gentle movements, exercises and controlled breathing in co-ordination to release tensions by improving posture and correcting bad habits.

Yoga is the ancient art of achieving perfect harmony of mind and body by means of physical postures, special breathing and relaxation techniques. Enthusiasts claim that as well as fighting stress it increases stamina, self-esteem and overall fitness.

Shiatsu massage carried out by qualified practitioners applies pressure to different parts of the body to relax deeply-tensed muscles. It is said to release toxins and can be used to relieve many stress-related symptoms while leaving a feeling of calm and wellbeing.

Reflexology uses foot massage as a form of pressure therapy, countering the effects of stress and achieving deep relaxation. Some people experience short-term side-effects of increased urination and bowel activity, perspiration and mucus secretions.

Listening to music can help, too. Meditative music has been found by researchers to have most effect in reducing stress.

The use of aromatherapy oils can be therapeutic when diluted in a warm bath, inhaled or vaporised on a burner. Oil can be absorbed through the skin by way of massage. Choose rose to ease stress headaches, camomile for its calming effect or juniper to ease tension. Like many aromatherapy oils, these are not suitable for use during pregnancy or by sufferers of asthma or hayfever.

Making space in our lives allows awareness of our own ability, resources and limitation. Recognition of these can be used to deal with the pressures that surround us, instead of apportioning blame elsewhere.



# Handle with care

Picture courtesy of Rimmel



**Clean, dirty, chewed, or manicured - the state of our nails is only too obvious at a casual glance. New Year is an opportunity to invest a few extra minutes in nail care. Maria Murray describes the basics**

A healthy diet is the first step to strong healthy nails. Recommend intake of iron, vitamins A, B and D, zinc, calcium and magnesium in the form of dairy produce, fish, wholemeal bread and vegetables.

The state of our nails can often give us a clue to deficiencies in our diet. Lack of iron can result in 'spoon' nails and/or vertical ridges on the nails. Fragile nails can be due to insufficient vitamin B, and hangnails and inflammation in the nail area have been linked to vitamin C deficiency. Illness, shock or crash dieting can all slow nail growth.

Perfectil (30, £7.95), a supplement from Vitabiotics containing many of these essential nutrients, is promoted for the maintenance of healthy nails.

Once you've started growing your nails, washing

dishes or gardening will seem like hazardous occupations. Wearing rubber gloves such as the Margold range can help protect your nails and hands from chemical and physical damage.

Other products that tackle weak nails include new Triple Strong from Sally Hansen (13.3ml, £5.95), Extra Care Nourishing gel from Laughton's Manicare Nail Treatment System (£3.99), Nailoid Nail Hardener (£3.49) or Nailoid's unique 10 in 1 Nail treatment (£4.95) which not only strengthens and protects but can be used as a base or topcoat.

## Manicure magic

Once you've managed to stop biting your nails and they've reached a record length - what next? A weekly manicure can work wonders for your nails and your confidence. You don't even have to splash out in a salon, simply follow this step-by-step guide:

- First wash your nails in warm soapy water. Then remove any remaining nail varnish, preferably with an acetone-free nail polish remover which won't dry out the nails.

- Filing your nails into an oval or softly squared shape is best done with an emery board rather than a metal file which can weaken the nails. File in one direction only as a sawing movement can also weaken the nails.

- Soften the cuticles by

soaking them in warm soapy water. If the cuticle is overgrown massage cuticle cream into the nail base. Using an orange stick or a cotton bud, push back the softened skin.

- To clean underneath the nails use an orange stick, wrapped in wet cotton wool. A few drops of lemon juice effectively remove any stains from the nail.

- It's no good having well manicured nails if your hands are dry and rough so the final step is to apply a non-greasy, moisturising lotion such as Nailoid Hand and Nail Nourishment Cream (£4.95), Mavala Hand Cream (50ml, £7.55) or Vaseline Hand & Nail Formula lotion (75ml, £1.35) to your hands.

## Colouring up

Once the nails have been shaped it's time to get out the nail polish. It's important to start with a base coat, which not only makes it easier to apply the nail polish, but also strengthens the nail.

Apply the polish in three strokes, the first down the centre of the nail and then one on each side. Allow the varnish to dry before putting on a second coat. The final step is a top coat or clear varnish to prevent the colour chipping and to give nails added shine. To speed up the drying process some beauty care consultants suggest plunging the newly painted nails into freezing water for about a minute.

## Fake it

Nail extensions have been growing in popularity as advances in technology have produced high quality nails that are easy to apply, look natural and withstand normal wear and tear.

For those nail nibblers who have vowed to finally kick the habit, nail extensions such as All Seasons Nails (£9.99 to £12.99) can assist. One of the hurdles for nail biters is that their nails rarely reach the length where they look attractive, which would give them an incentive to keep their resolution. Nail extensions allow the natural nail to grow under the nail tip and the strength of the artificial nails means that biting them is nearly impossible.

## Product information

### Hill's Balsam Chesty Cough Liquid

**Active ingredient:** Guaiphenesin 100mg in 5ml. **Indication:** Symptomatic relief of productive (chesty) cough. **Dose:** Adults and children over 12 years only: 5-10ml every 2-4 hours up to 12 x 5ml in 24 hours. **Contra-indicated:** In patients with known hypersensitivity to guaiphenesin. **Side-effects, warnings:** Seek medical advice symptoms persist or worsen. Pregnant or breastfeeding women should consult their doctor before taking this product. Contains 4 per cent alcohol. Gastro-intestinal tract discomfort has been reported. **Product licence holder:** Windsor Healthcare Ltd, Ellesfield Avenue, Bracknell, Berkshire. **Product licence number:** PL6772/0010, GSL. **Retail price (ex VAT):** 100ml, \$2.17; 200ml, \$3.28. **Prepared:** December, 1996.

### Hill's Balsam Dry Cough Liquid

**Active ingredient:** Pholcodine 10mg in 5ml. **Indication:** Symptomatic relief of a dry, tickle or painful unproductive cough due to upper respiratory infection or influenza. **Dose:** Adults and children over 12 years only: On 5ml spoonful to be taken 3 times a day and at bedtime in a little warm water. **Contra-indicated:** patients suffering from liver diseases or respiratory failure. **Side-effects, warnings:** Use with caution in asthma and renal impairment. If taking regular medication, consult your doctor. Nausea occasionally occurs after pholcodine administration. Constipation has been reported. Contains 2 per cent alcohol. **Product licence holder:** Windsor Healthcare, Ellesfield Avenue, Bracknell, Berkshire. **Product licence number:** PL6772/0002, F. **Retail price (ex VAT):** 100ml, \$2.17; 200ml, \$3.28. **Prepared:** December, 1996.

### Hill's Balsam Chesty Cough Liquid for Children

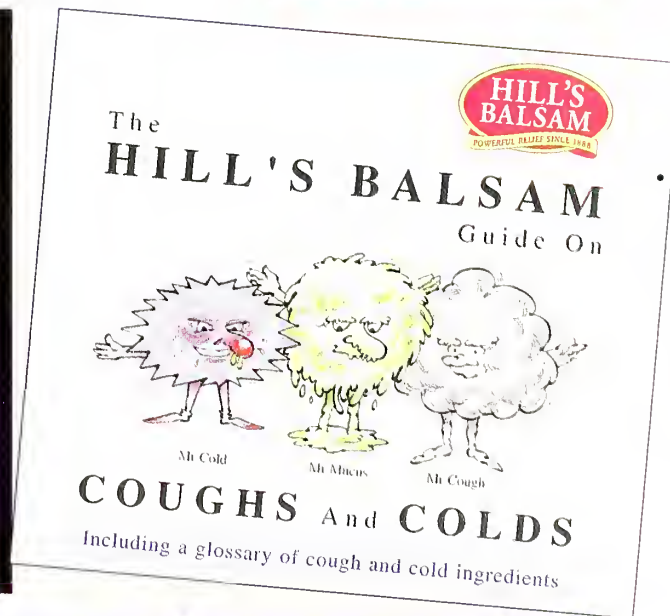
**Active ingredients:** 5ml contain citric acid monohydrate 20mg and ipecacuanha liquid extract 0.01ml. **Indication:** Where treatment with an expectorant and demulcent is indicated to relieve and soothe chesty cough and bronchial catarrh. **Dose:** to be taken 3 times a day and at bedtime: under 4 years, 2.5ml; 4-12 years, 5ml. **Side-effects, warnings:** Advise patients to seek medical advice if symptoms persist or worsen. **Product licence holder:** Windsor Healthcare Ltd, Ellesfield Avenue, Bracknell, Berkshire. **Product licence number:** PL6772/0003, GSL. **Retail price (ex VAT):** 100ml, \$1.94. **Prepared:** October 1996.

**Further information is available from Windsor Healthcare**



# The Hill's Balsam Guide on Coughs and Colds

Win £100 of  
Marks &  
Spencer  
vouchers



Hill's Balsam offers you the chance to win £100 of Marks & Spencer vouchers. To enter the competition simply read the product information in the 'Hill's Balsam Guide on Coughs and Colds' booklet inserted in *Chemist & Druggist* magazine and fill in your answers on the coupon opposite. Complete your details, detach and post the answer section in an envelope to: 'Hill's Balsam Guide on Coughs and Colds'/Chemist & Druggist competition, Miller Freeman, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date for entries is March 14, 1997.

## Competition

1 How can the 'Hill's Balsam Guide on Coughs and Colds' help you when a cold strikes?

2 Do old people develop more colds than young people?

3 What percentage of adult cold sufferers do not consult a doctor?

4 What is a productive cough?

5 What is a non-productive cough?

6 What happens to our 'air conditioning system' when we have a cold?

7 Name the three types of pastilles in the Hill's Balsam range:

a).....b).....c).....

8 What triggers off our cough reflex?

9 Name three symptoms you get that demand your cough to see a doctor:

a).....b).....c).....

10 What temperature should you keep a baby's room when they have a cold?

11 What other symptom do older children often develop with their sore throats?

12 Which of the Hill's Balsam range would you recommend for a child with a chesty cough?

13 Name the recognised cough expectorant in Hill's Balsam Chesty Cough Liquid:

14 Name the maximum strength ingredient in the Hill's Balsam Adult Chesty Cough Liquid:

15 Name a well recognised cough suppressant contained in Hill's Balsam Dry Cough Liquid:

Name.....

Address.....

.....Postcode.....

Rules 1 Entry to this competition can only be made on the official form. 2 One entry per pharmacy only. 3 All correct entries will be placed in a hat and prize winners drawn on March 21, 1997. 4 Entries failing to comply with the rules, entries late, illegible or lost in the post cannot be accepted into the prize selection. 5 The competition is not open to employees of Windsor Healthcare, Miller Freeman, or their agencies or relatives. 6 Proof of posting cannot be taken as proof of receipt. No correspondence will be entered into. 8 The judges' decision is final. 9 No cash alternative will be offered. 10 Windsor Healthcare reserves the right to use any omissions in its future publicity. 11 The names of the winners will be available to anyone sending a stamped addressed envelope to: Windsor Healthcare, Ellesfield Avenue, Bracknell, Berkshire RG12 8HX.



**A**round 20 million people died as a result of the flu epidemic of 1918-19, which is more than the total number of deaths in the Great War (1914-18). Although medical science has come a long way since then, 29,000 people died in the UK during the last substantial flu epidemic in 1989. It is clear that flu is one of the greatest epidemic diseases and far more than a 'bad cold'.

### What causes flu?

The term 'influenza' is thought to have originated in the 13th century and referred to the influence of an unusual conjunction of planets upon epidemics of illnesses.

In fact flu is a severe infection of the chest caused by influenza viruses A, B and C. The most common type is A, which is the main cause of epidemic and pandemic influenza. Influenza B is usually associated with milder disease but can also cause winter epidemics which tend to be smaller or localised. Sporadic mild outbreaks are caused by Influenza C.

Flu is spread by the airborne droplet route, so flu sufferers can pass on their affliction by coughing, sneezing or breathing over others. However, this route of transmission does not always hold true as there have been cases of flu outbreaks occurring in isolated communities at the same time as the nearest inhabited centre. Another puzzle is that 70 per cent of cases of flu within households occur on the same day rather than being passed from one member to another.

The virus enters the body through the nose, mouth or eyes. It then attaches itself to the outside of a cell in the body and 'injects' its genetic material into the cell. The cell begins to manufacture new viral material, which is then released from the cell and the cycle begins again.

Exposure to a virus brings immunity to that particular strain. However, the flu virus has the ability to change its protein coat, effectively becoming a 'new' virus which the immune system does not recognise. Major changes will cause pandemics (worldwide epidemics), as larger numbers of people will not be immune to the new virus. Epidemics occur as a result

# Infected?

*Flu was first described almost two thousand years ago by Hippocrates, the famous Greek physician. Today, we are still searching for a cure for flu but fortunately prevention is possible with the development of flu vaccines. **Maria Murray** finds out about the flu virus*



of minor changes to the virus.

### Symptoms

Once an individual has 'caught' the flu virus it can take one to four days before the effects become noticeable. During this incubation period the patient may feel fine, but levels of the virus in the body are increasing and the patient is infectious.

Within 24 hours the sufferer can develop a high temperature, shivering, headache, aches and pains in the back and legs, and eyes may become sensitive to light.

Sore throat, a dry cough and a runny nose may be

mild to start with but gradually worsen with the cough becoming more severe and chesty.

These acute symptoms usually begin to resolve after two to three days, although the high temperature and fever can persist for up to five days, providing there are no complications. Most people are fit to return to work within a week or ten days but the feeling of weakness and depression may last longer.

In some patients, complications can set in leading to more severe symptoms. For example, secondary bacterial infection can cause pneumonia, a common cause of death in

elderly patients. Less common are inflammation of the brain (encephalitis) and heart muscle (myocarditis).

### Treatment

Once you have got the flu the treatment is simple - rest in bed and take OTC analgesics such as aspirin, paracetamol or ibuprofen, which can also help bring down the high temperature. Combination products (eg Nurofen Cold & Flu, Benlyn Four Flu, Lemplus Capsules, Lemsip Flu Strength) can also ease symptoms. It's important to drink plenty of fluids, as the high temperature associated with

### Flu facts

- new strains of flu can travel the globe at amazing speed, reaching every country in the world within one year
- flu vaccine is produced in hen's eggs, although new methods of production are being investigated
- flu is seasonal, striking sufferers during the winter months in both the northern and southern hemispheres

flu increases the amount of fluids lost from the body through sweating.

However, the doctor should be called if there has been no improvement in symptoms after a few days, or particularly if they are getting worse. This also applies to patients whose cough shows no improvement after a week, especially if they are complaining of it being painful or coughing up yellow/green or blood stained phlegm.

### Flu vaccine

Immunisations against the flu became possible once the influenza virus was first identified in 1933.

Compared with the vaccines

Continued on p24

### Flu figures

- during non-epidemic years, 3,000-4,000 extra deaths in the UK are attributed to flu. However, during the influenza epidemic of 1989/90 the figure rose to 29,000 and in 1993 there were 13,000 extra deaths due to flu
- only 40-50 per cent of those identified as 'at risk' from flu actually receive vaccination
- over 80 per cent of flu deaths occur in elderly people
- flu vaccination can halve the incidence of flu in elderly people







## Flu or cold?

Many people find it difficult to distinguish a severe cold from flu:

- there are around 300 cold viruses but only three basic strains of flu
- cold viruses tend to attack the nose and upper throat
- flu viruses cause muscle pain and a throbbing headache. Although colds can cause aching limbs and a headache, they are much less severe
- fever associated with flu can raise temperatures above 103 deg F/39.4 deg C or even higher in children compared with colds, which rarely raise temperatures above 100 deg F/37.8 deg C
- symptoms of flu have a rapid onset (within 24 hours) compared with the gradual onset of a cold
- cold sufferers may have streaming eyes, whereas a patient with flu might complain of aching eyeballs and intolerance of bright light

Picture courtesy of aims



**American police during the 1918/19 pandemic don protective masks**

### ◀ Continued from p22

used during the 1940s, modern day vaccines are better purified and more predictable in action.

Each year the World Health Organisation identifies the influenza strains likely to be in circulation. Manufacturers are informed in February of the strains which they should include, and they have until October to produce the vaccine and get them licensed. The vaccine usually contains elements from three different flu viruses which are grown in hen's eggs, killed and then purified. This year around six million vaccination doses were prepared.

Vaccination is usually well tolerated, although some people complain of soreness at the injection site, which can persist for a day or two. The flu vaccine is often blamed for 'triggering a flu' but this does not happen as the vaccines used nowadays only contain dead viruses. Anyone with an egg allergy should not receive the vaccine because of its method of production.

Flu vaccination provides protection rapidly. Within a few days, antibodies to the flu virus have developed but they only become effective after two weeks. Overall, the vaccines are 70 per cent effective in preventing flu. Although it tends to be less effective in the elderly (20-30 per cent), immunisation has been shown to reduce

the morbidity and mortality of any flu that does occur in these patients.

Annual vaccination is essential because the strains included in the vaccine each year are closely matched to the viruses circulating in the community, as identified by WHO, and these vary from year to year.

It's better to be immunised against flu before an outbreak. As epidemics tend to occur more often between the end of November and March, the best time to be vaccinated is between late September and early November.

If the thought of an injection makes you squirm, you'll be pleased to hear that an oral flu vaccine is being developed. Flustat oral vaccine is killed influenza virus in a delivery system, designed to stimulate an immune response in the nose and lungs.

### DoH advice

Flu vaccination not only protects against influenza but also reduces complications such as bronchitis and pneumonia in 'high risk' groups, according to chief medical officer Sir Kenneth Calman. Hospitalisations for pneumonia, influenza,

bronchitis and emphysema can be reduced by about 60 per cent. People with underlying chronic diseases, particularly elderly patients, are at most risk from flu.

The Department of Health recommends flu vaccination for people, regardless of age, with:

- a chronic heart or chest complaint, including asthma
- chronic kidney disease
- diabetes
- lowered immunity due to disease or treatment such as steroid medication or cancer treatment
- any other serious medical condition – patients should check with their GP if they are unsure.

People in residential or nursing homes, where flu can spread quickly, should also be vaccinated.

Despite the clear benefits for these patient groups in particular, the uptake is surprisingly low, with only about half of those 'at risk' from flu actually receiving vaccination. Many hold a mistaken belief that if they have survived one flu epidemic they don't need vaccination. They fail to appreciate that the virus changes from year to year and their chances of survival decreases with age.

Most patients with chronic illnesses and elderly people regularly visit the pharmacy, often for repeat prescriptions. Therefore, pharmacy staff are ideally placed to raise awareness of the benefits of vaccination in these 'high risk' patients.

Healthy people, as a rule, do not require vaccination as flu is not a serious risk and an occasional flu gives the individual better long-term protection than a vaccine. In addition, there are a limited number of doses to go around each year so it makes more sense to vaccinate high risk patients first. Any remaining doses could then be given to patients outside these high risk groups, such as healthy elderly people.

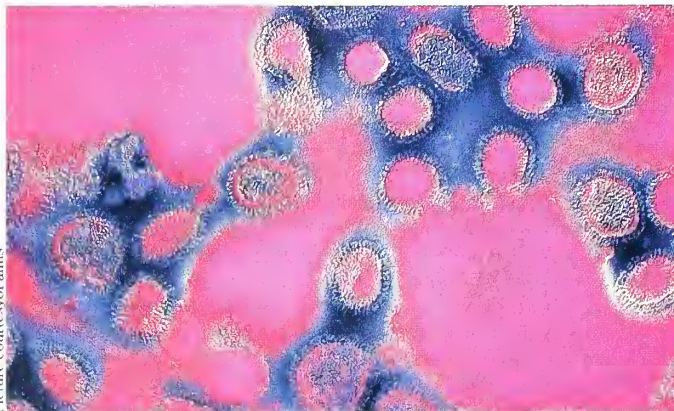
*(Information for feature supplied by the association for influenza monitoring and surveillance – aims)*

### More information

'Flu' information leaflets are available from:

- Help the Aged 'Fight the Flu' leaflet information department, St James's Walk, London EC1R 0BE. Tel: 0171 253 0253
- British Lung Foundation 'Flu' leaflet, 8 Peterborough Mews, London SW6 3BL. Tel: 0171 371 7704
- Booklets 'Flu vaccination' and 'What should I do about flu?' are available free from the Department of Health, PO Box 410, Wetherby LS23 7LN or call on 0800 555777
- Call the NHS healthline freephone number 0800 665544 and ask to hear the 'Flu tape' which contains information about the Department of Health guidelines for flu vaccination and advice about what people should do if they catch the flu

Picture courtesy of aims



**The flu virus has the ability to change its protein coat**



In the second of a two-part series on personal effectiveness, *Diane Bailey* explains why we need to be receptive to new ideas

# Personal effectiveness

People with closed minds, who are reluctant to consider new ideas or ways of doing things, are rarely effective. Being open to new ideas is important. Things around us change constantly and a closed mind can be inconvenient and limiting.

The best way of being open to new ideas and ways of doing things are:

- to be receptive to new ideas and be willing to give them clear, unbiased consideration
- to actively look for ways to identify where the 'status quo' is no longer good enough
- to accept that change is here to stay and that it can be positive.

Most of us dislike change and sometimes fear it, but with thought and a positive attitude it can be useful.

## Fear of change

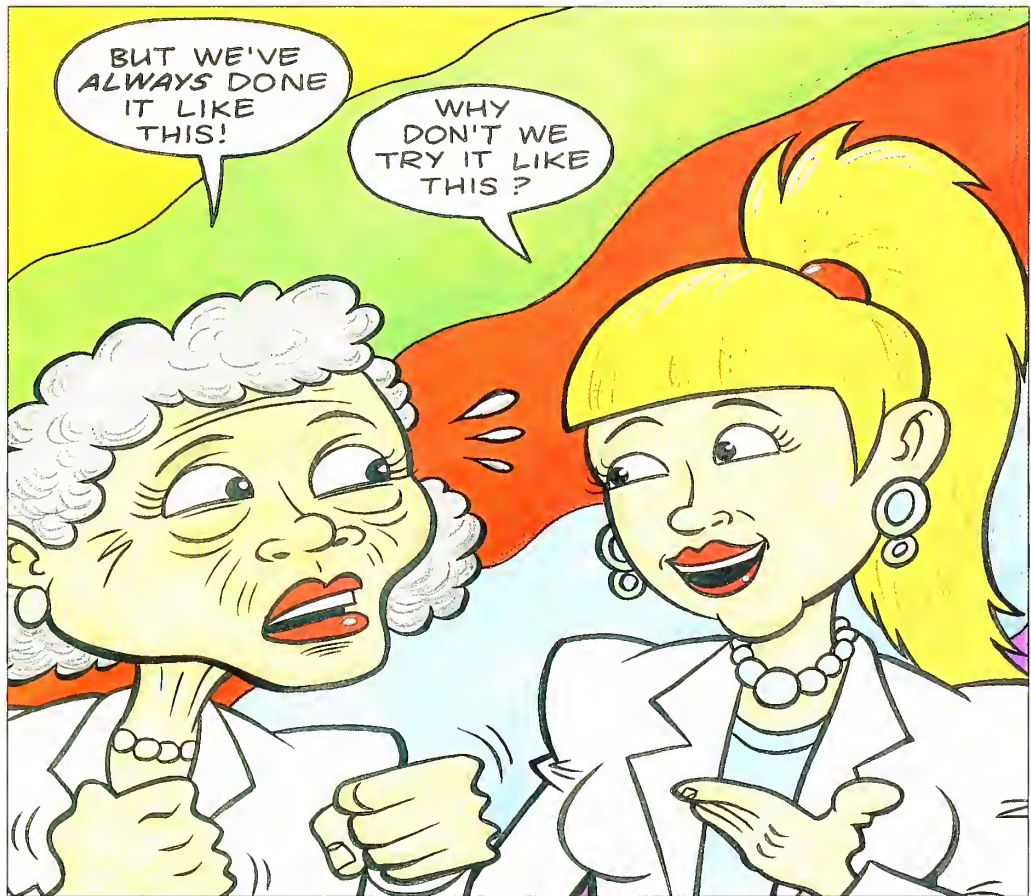
There are various reasons for disliking and fearing change but generally this is caused by such feelings as:

- fear of new/extra demands
- feelings of not being able to cope
- suspicion of the reason/motive
- strong liking for the 'status quo'
- fear of discomfort
- fear of loss of status or control.

Only you will know how to react personally to change. If you recognise in yourself any of the feelings described above, you may want to think about your reactions to change and how they affect your openness to new ideas and approaches. Being seen to be closed to new ideas may mean being seen as less than effective.

## Creative connections

Being receptive to new ideas involves more than being willing to support change and make it work. It involves creativity and often an ability to think laterally and make unlikely connections. Human kind owes its success to its creativity and ability to cope with and adapt to the new and unexpected. Such ability is



useful in good times and essential in bad or difficult periods.

Creativity is difficult to define. It is admired but seen as elusive and belonging to the few rather than to everyone. It is widely seen as something to wait for passively and not something that can be used on demand. It can be encouraged by lateral thinking and such techniques as brainstorming.

One problem with lateral and creative thinking is that it is contrary to the traditional patterns of logical thinking which we all find useful and normal. For example, in logical thinking we expect to move sequentially from thought to thought and to be 'right' at each step. Creative thinking does not work like this, it makes assumptions, moves in unexpected directions and usually seems anything except logical.

## Embracing Ideas

There was once a man who

offered, for a large sum of money, to provide an idea which would double the consumption of a new shampoo. The idea, he said, was a single word. He would only reveal the single word for a substantial fee. The company considered and decided the money would be well spent. The man pocketed his cheque and addressed the board. "My idea is as follows," he said. "You know the list of instructions on the side of the bottle? Well, add a word to the end. The word is 'repeat'."

Some new ideas are as stunningly simple as this one. Others are not so obvious, others may seem pointless or even threatening.

There appears to be a growing belief in today's business world that success is increasingly associated with responding swiftly and inventively to changing circumstances. In others

words, success requires the openness to change.

## Applying creativity within your pharmacy will result in:

- solutions to problems
- new, improved ways of doing things
- implementation of new courses of action
- better development for you and your colleagues
- you being seen as personally effective.

Not all new ideas and approaches will be useful or even relevant but to reject all of them out of hand is to deny yourself, and your pharmacy, the possibility of benefit and opportunity.

## How you respond

Your own attitude and preferred style of thinking will largely determine how you respond to new ideas and approaches. Some

Continued from p26 ►



questions may help you to review the situation.

If you automatically reject new ideas and approaches:

- is it because you fear change?
- if so, why?
- is it because you are convinced that you already have the best?
- is it the source/originator of the new idea or approach?
- is it because it will make things uncomfortable/make extra demands of you?
- is it because you do not have sufficient resources?
- are you prejudiced?

When faced with a new idea or a suggested new approach you may find it useful to ask yourself the sort of questions listed in the table.

## Being objective

Objectivity is another hallmark of the person who is personally effective. It is a rational, reasoned approach to problems and issues. It contrasts with subjectivity where feelings and emotions drive behaviour.

Remaining objective when under pressure is a difficult thing to do. External pressures which you face in your day-to-day work will include all or any of the following:

- **pressure of work**
  - meeting deadlines
  - fulfilling the requirements and needs of customers
  - fitting everything in limited time
  - quality standards and meeting them
- **pressure of relationships**
  - lack of empathy
  - conflict
  - misunderstandings
  - emotional responses and reactions
- **pressure of the needs and priorities of your pharmacy**
  - accommodating these alongside personal work priorities
  - understanding and committing to organisational values
  - working as a team member
  - putting the pharmacy first

Dealing with these pressures creates stress. When stress becomes intolerable or unmanageable you can lose your objectivity and start to react at a more emotional, irrational level. The greater the pressure, the harder it becomes to maintain an objective outlook. Under pressure you need to work hard to stay personally effective.

One of the keys to

maintaining objectivity is to manage the pressures and stress you face in day-to-day work. The key skills required in doing this are:

- **time management skills**
  - avoiding additional or unnecessary pressures
  - prioritising tasks and duties
  - finding time for developmental tasks, as well as those which are simply necessary in order to keep going
  - delegating appropriate tasks to appropriate people or involving colleagues.
- **relationship building skills**
  - communicating constructively and positively with colleagues
  - managing potential conflict/disagreement
  - empathising and building rapport.
- **stress management skills**
  - recognising and planning for events and situations which are likely to cause you stress
  - managing feelings
  - assertiveness techniques
  - relaxation techniques.

## Feelings

When you are feeling positive, objectivity is not such a difficult issue. It is when we start to feel negative that objectivity becomes a problem. Productive feelings – excitement, enthusiasm, confidence, concern – are those which stimulate,

motivate and enable. Other more negative feelings such as fear and dislike are unproductive, because they make it difficult to behave objectively.

Some of the physiological sensations we experience – dry mouth, heart pounding, shallow breathing – are instinctive reactions to pressure and stress. The natural inclination when under stress is to flee or fight. Originally, this reaction was necessary for our survival. In the modern work environment, however, the reaction is one which reduces your effectiveness and capacity to cope with work problems.

Some of the emotions we experience – anger, resentment, frustration, guilt – are an emotional lashing out at 'people situations' we find difficult to deal with. This reaction is clearly unproductive and creates difficulties in working relationships with others.

Learning to take a step back and to think through, calmly and rationally, whether these negative feelings are justified, enables you to behave more objectively and to take positive, rational steps in addressing them. The two key points to remember are that:

- your feelings do not arise out of the blue, they come about as a result of an external situation or event

- your feelings are not controlled by events or other people, they are controlled by you and your thinking process.

It is worth making an effort to be and to be seen to be objective. Customers and colleagues, alike, will value your advice and opinions more highly.

## Conclusion

The level of personal effectiveness which you display is very much within your control. Like anything worth having it will not necessarily come easily but has to be worked for.

The skills, approaches and techniques discussed in this article will help you be more effective at work. Many of them will also be useful in your private life also. (Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale)



## Questions to apply to a new idea or approach

What advantages does it have for me? our standard of service? my team? our customers? the pharmacy? Internal relationships?

What disadvantages does it have for me? our standard of service? my team? our customers? the pharmacy? Internal relationships?

What changes will result? in relationships? in working methods? in quality of service? in personal or staff skill and competence? other?

Who needs to be involved? in my section/department? in other parts of the pharmacy? in other organisations, eg suppliers?

What resources are required? little? much? by my team? by others?

How much effort is required? little? by my team? much? by others?

Is the expected result worth the effort? to me? to my team? to the pharmacy? to customers?

What will happen if this idea or approach is ignored? problems? positive effects? loss of opportunity? absence of upheaval? loss of credibility? less effort? loss of resources?

What is the associated level of risk? for me? for my team? for the pharmacy? is the level acceptable or unacceptable?

Will accepting the idea make me seem more effective? to the pharmacist? to my colleagues? to our customers?



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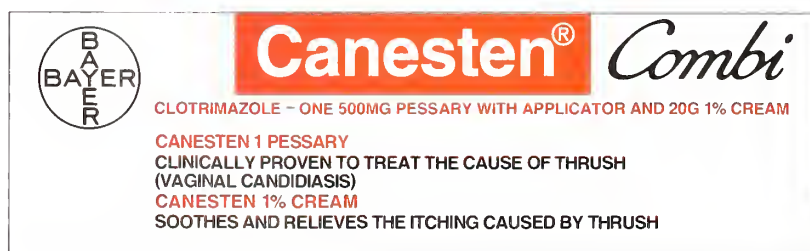
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It gives immediate relief from itching with Canesten 1% cream, and clears the infection fast with a single dose pessary.

Canesten Combi. It works fast. It sells fast. You should order some fast.

**Abridged Prescribing Information. Presentation:** One Canesten 1 pessary (containing 500mg clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% clotrimazole BP). **Uses:** Pessary for candidal vaginitis; cream associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration Adults:** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Hypersensitivity reactions may occur. **Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than 10 infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea, vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category P. Package Quantities and Basic NHS Cost:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Produce Licence Numbers:** Cream 1% 0010/000500mg Pessary 0010/0083. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation:** July 1995 © Bayer plc, August 1995.



# showcase

## Advance in heartburn treatment from Gavison



Reckitt & Colman has introduced a new improved variant to its Gavison range.

Gavison Advance, a Pharmacy product, is also available on the NHS. Each 10ml dose contains sodium alginate 1,000mg and potassium bicarbonate 200mg.

The recommended dose for adults and children over 12 is 5-10ml after meals and at bedtime. Children under 12 years should only be given the product on medical advice.

The company says

the formula is superior to standard Gavison – twice as much alginate and less than half the sodium content – and is of particular benefit against reflux oesophagitis and heartburn.

Gavison Advance is available in OTC bottles of 140ml (£3.90) and 500ml dispensing packs (basic NHS price, £5.40).

The launch is being supported with a £2.5m spend. Reckitt & Colman Products. Tel: 01482 326151.

## Bubbling over with Haliborange

Seven Seas has extended the Haliborange range with an effervescent 1,000mg vitamin C supplement.

Haliborange Effervescent High Strength Vitamin C soluble tablets are available in a choice of two citrus flavours: Ruby Orange or Lemon (20, £3.69).

Seven Seas is supporting the new product with a £1 million spend this winter. A sampling campaign during the peak winter season will be supported by a



national advertising campaign in the daily press and women's interest magazines. Seven Seas Health Care Ltd. Tel: 01482 375234.

## Sugar-free replacement for Rinstead pastilles

Schering-Plough has introduced new Rinstead sugar-free pastilles to its Rinstead range of mouth ulcer treatments which includes teething and adult gel.

The sugar-free variant will replace the existing pastille formulation and will retail at the same price (24, £2.15). The new pastilles contain tetracycline hydrochloride and menthol and are suitable for

children over 12.

New packaging features a bright, bold look and highlights

the fact that the product is sugar-free. Schering-Plough Ltd. Tel: 01707 363636.



## Cold sore relief from Windsor

Herpetad from Windsor Healthcare is a new cold sore cream with aciclovir as the active ingredient. For maximum efficacy Herpetad should be used as soon as the 'tingling', prodromal stage starts. The cream should be applied to the blisters and surrounding skin every four hours, usually for five days. A 2g tube of cream Herpetad retails at £6.99.

Windsor Healthcare Ltd. Tel: 01344 484448.



Revive Eye Drops, launched by Allergan in May for soft contact lens wearers, can now be recommended for gas permeable lenses. The drops, which are said to relieve sore, gritty and tired eyes are preservative-free and formulated to be close to natural tears. A 20 vial pack retails at £3.49.

Allergan Ltd. Tel: 01494 444722.

## Rosie's orchard Chicken a winner

Rosie's orchard Chicken (150g jar, £0.56) was voted winner of Cow & Gate's 1996 Homemade Recipe Challenge.

Selected for its nutritious and tasty combination of chicken, apples, onions, broccoli, potatoes and peas, the recipe only contains fresh or freshly-frozen ingredients with no artificial flavours, colours or thickeners and no added preservatives.

It is the 30th variety to join the 'four-month' range of Cow & Gate Olvarit meals and its launch is being supported by nationwide advertising and PR. ● Cow & Gate is also introducing a revolutionary new storage and packaging system for its infant milks – premium, Plus and Step-up – from the end of March.

The Nutri-box system consists of a plastic box with an airtight lid, containing a 450g foil pack of the infant milk, a scoop,

powder leveller and clip to reseal the pack. Parents can purchase refill packs containing two 450g foil packs of infant milk and a scoop and re-use the Nutri-box. The system is said to guarantee greater freshness because of the smaller unit size and also provides a reduction in packaging.

The Nutri-box has a recommended retail price of £3.49 with each refill pack costing £5.99. Cow & Gate Nutricia Ltd. Tel: 01225 768381.







## Legs guide from Scholl

Scholl has updated 'The Complete Scholl Guide to Healthcare for Legs', to provide clear, practical information on issues and products for health advisers.

The guide, free to pharmacists, provides comprehensive information about the causes and treatments of common leg disorders, classifications of

medical hosiery, information about NHS reimbursements, and advice on accurate measuring and fitting of graduated compression hosiery.

The company is also offering free fitting socklets to make fitting toeless graduated compression hosiery as easy as possible, even where the patient has severely retracted toes or pronounced bunions.

The socklets are simply placed over the foot, helping the stocking to slide over the toes more easily and removed once the stocking is in place. Scholl Consumer Products Ltd. Tel: 01582 482929.

## Gentlemen's cologne from Pall Mall

Dukes of Pall Mall are two new distinctive colognes. Belgravia is a sophisticated woody/oriental fragrance suited to city dwellers. Top notes of lime, Sicilian lemon, French lavender are combined with fresh herbal accents of cypress, coriander seed, black pepper and basil. Heart notes of geranium, lily and clove give way to a long lasting base of cedarwood, sandalwood, oakmoss and musk.

Cotswold's light,

ozonic but 'deceptively' long-lasting scent combines Chinese spearmint, neroli and bergamot with spicy black pepper, cardamom and Russian coriander on a warm base of amber and musk.

They are available as eau de cologne (125ml, **£14.95**) and after shave (125ml, **£12.95**). A range of grooming products is also available: deodorant spray (150ml, **£4.95**) bath/shower gel (200ml, **£4.95**) and after shave balm (125ml, **£12.95**). Pall Mall Perfumeries Ltd. Tel: 0181 909 2069.



## Sun protection shift for Malibu

In an effort to switch emphasis from tanning to skincare, Malibu sun protection products have been renamed 'protective sun lotion'.

Two new waterproof children's products are SPF High protection lotion for Kids (200ml, **£5.49**) and SPF30 High protection for Kids (200ml, **£5.99**).

Also new to the range are SPF8 Dry oil Spray - water resistant (200ml, **£3.99**) and Soothing After Sun with Insect Repellent (200ml, **£2.59** and 400ml, **£4.49**).

With the exception of the Dry oil Spray, all Malibu sun protection products have been reformulated to improve their ability to repel water.

'Family' 400ml sizes have been introduced in SPF12 and SPF15 to offer value-for money.

An advertising campaign for the brand, worth nearly £1 million, is planned for the coming year. It will focus on the products' quality at an affordable price. Malibu Health Products Ltd. Tel: 0181 579 6060

## Eucerin brings urea to skin care

Beiersdorf UK, the company which brought you Nivea and Atrix, has now introduced a new urea-based dermatological skin care range.

Eucerin, already available in Europe

and the USA, has been formulated with urea - the skin's own natural moisturiser - to relieve dry, itchy skin conditions. All carry a GSL licence.

Eucerin will be marketed by Beiersdorf but distributed by Dendron Dendron Ltd. Tel: 01923 229251.

## Wella colorant is shades better

Wella has revamped its temporary hair colorant, Shaders and Toners (14ml, **£0.99**), and introduced ten new fashion shades.

Improved formulations are designed to provide

better colour, condition and shine. The range is targeted at trend-conscious 14-20-year-olds who like to experiment with colour without risk. Wella Great Britain. Tel: 01256 20202.

## Zantac 75 in new pack sizes

Warner-Lambert Consumer Healthcare is introducing pack sizes of six and 12 tablets for Zantac 75. Available from January 22, the new packs will retail at the same prices as the current five and ten

tablet packs they are replacing (**£1.99** and **£3.89** respectively).

Remaining five and ten tablet packs will be reduced to **£1.79** and **£3.49**.

Warner-Lambert Consumer Healthcare. Tel: 01793 641400.



Nizoral Dandruff Shampoo is now available in a 100ml bottle retailing at £8.45. Johnson & Johnson MSD Consumer Pharmaceuticals is planning a £2.5 million support package for the brand next year. J&J MSD Consumer Pharmaceuticals. Tel: 01494 450778.

## A hatrick from Sally Hansen

Sally Hansen is introducing Triple Strong, its unique quick drying gel formula containing three strengthening products, in the UK.

The active ingredients of Triple Strong (13.3ml, **£5.95**) are: calcium complex containing magnesium and iron to strengthen and nourish the structure of natural nails; epoxy polymer, another strengthener which helps reinforce the nail, and Teflon,



renowned for its toughness, which forms an unique shatter-proof protective shield helping the nails resist splitting or breaking. Network Management Ltd. Tel: 01252 351118.



## Tampax has a satin feel

Tambrands is launching Tampax Satin this month. Tampax Satin was developed in response to research showing 90 per cent of women sought comfort the most important consideration in choosing sanitary protection. Tampax Satin has a fully flushable applicator and retains the original comfort-taped closed end. It also has a unique ultra-glossy, smooth finish to make insertion easy and comfortable. The all-cotton tampon gives women



a 'natural' alternative. Satin will be available as regular and super in packs of 20, retailing at **£2.29** and **£2.39** respectively. Super plus packs of 18 will retail at **£2.49**.

Trial packs of 4 will be available for **£0.39** throughout the launch period and include a **£0.40** money-off voucher for subsequent purchases. Tambrands Ltd Tel: 01705 442000.

## Salon Selectives change their hold

New Salon Selectives Flexihold hairspray delivers a dramatically different type of hold' says Elida Fabergé. Consumer research indicates that the biggest factor influencing purchase decisions for hair spray is the ability to

hold a style while retaining a natural feel. Flexihold is claimed to break this hold/feel trade-off. It achieves its hold without stickiness by forming resin bonds only where the hair cross over. Elida Fabergé. Tel: 0181 481 6000.



New formulation for Labello Classic (£1.19) features multi-vitamin complex to care for dry, chapped lips. Classic includes vitamin E and provitamin B5. Like all other Labello variants it is dermatologically tested and preservative-free. Smith & Nephew Consumer Products Ltd. Tel: 0121 74750.

## Neutrogena face therapy

Neutrogena is launching Norwegian Formula facial cream, the first therapeutic cream offering the efficacy of a hand cream with the cosmeticity of a facial cream.

The cream will be launched in the UK this winter, and will be of benefit to the 54 per cent of the population who suffer from dry facial skin.

It has a non-comedogenic light formulation so it does not block pores. It is fragrance- and lanolin-free and it contains an SPF5 ingredient to provide

UVB protection.

The facial cream's non-greasy texture makes it an ideal base for make-up.

Like all Norwegian Formula products, it contains 'activated glycerine' which allows the glycerine to penetrate the skin to the deepest layers, for longer-lasting moisturisation.

There was an extensive sampling campaign in December, which is to be followed by television and press advertising in early 1997. Neutrogena (UK) Ltd Tel: 01628 822222

## Colour hair directly

Colour Direct is a new long-lasting semi-permanent formulation of hair colouring which does away with many problems of colouring your own hair.

The colour stick is easy to apply and glides on damp hair. It does not require dripping hair, so there is little mess.

Each stick contains three applications. Colour Direct comes in a choice of 12 shades, ranging from Rye

(beige blonde, and the lightest) to Ebony (black).

It contains no ammonia or peroxide so it will not lighten hair, but leave it lustrous, in superb condition with an enriched colour.

Colour Direct costs **£5.49** per stick and is being advertised in the national and women's press through Christmas and the New Year. Solid Products Ltd Tel: 0131 220 6657



## Roses for Valentines

Weleda has extended its recently-launched Rose range with a new Rose cream (£7.50).

It contains oil from rosehips of the wild musk rose, rose flower oil, rose wax, and plant extracts.

The range consists of a cream, body oil (£15.00), body lotion (£15.00), and soap (£7.50). Weleda UK Ltd Tel: 0115 9448200



## Millennium make-up

Collection 2000 has extended its range of foundations with two new formulations.

The demi-matt Natural Matt Foundation (£1.49) gives a smooth long lasting, natural finish. Available in six natural shades, the fragrance-free product is suitable for sensitive skin. It replaces Sheer Cover Foundation.

The company has

also reformulated its Sheer make-up (£1.49), with an improved formula including Jojoba Oil available in three new

shades. Both foundations also have silk protein and UVA and UVB sunscreens. Collection 2000 Ltd. Tel: 01695 50078







## The Futuro re-launched

The Futuro range of health and sport supports is to be re-launched by Beiersdorf UK.

Futuro products are easily recognised, with the new yellow and black colour scheme, and the larger-sized

product photograph and size code.

Several new products, including a spiral lift elbow and knee supports, have been added to the range by Beiersdorf. Beiersdorf UK Ltd Tel: 01908 211444

## A 12 hour bond

Dent-O-Care has introduced a long-lasting denture adhesive that guarantees a bond for at least 12 hours.

Secure is different from other denture adhesives because it is completely insoluble in liquids, and won't get washed out by eating, drinking or saliva.

It only needs to be applied once a day, making it economical to use, and it comes with a money-back satisfaction guarantee.

Secure retails at £5.95 for a 40g tube of cream, £5.95 for 15 strips, and £3.75 for 32 cleansing tablets. Dent-O-Care Ltd Tel: 0181 459 7550.

## Seton's ProSport support package

Seton Healthcare has introduced a new merchandising package for its ProSport sports injury supports range. Developed specially for pharmacies the new in-store sports care centre features a free-standing display unit, counter carousel, wall unit, posters and strut cards.

The unit holds the complete range of ProSport care accessories as well as having side baskets for products in the Ralgex range.



Seton Healthcare Group plc. Tel: 0161 654 3000.

## Mighty Mu-Cron's cold campaign

Zyma Healthcare is supporting Mu-Cron

with a £1.2 million national TV advertising campaign due to run until March.

The advertising, featuring computer graphics simulates a 'war' with the traditional cold and flu symptoms, and targets the 25-35-year-old age group which are traditionally difficult consumers to reach. The campaign will be reinforced by new point of sale material with the strapline 'The Mighty Mu-Cron knocks the stuffing out of colds, flu and catarrh'.

Zyma Healthcare. Tel: 01306 742800.

## Exotic new Lynx

Elida Fabergé is bringing out Inca, a new exotic scent to add to its current Lynx range this January.

The latest variant evokes mystery and discovery, and is the first Lynx fragrance to combine pineapple, pimento, vanilla musk, sandalwood, cardamon and juniper. It also contains geranium, myrtle, nutmeg and coriander.

Inca is available in the following forms: bodyspray (£2.39), shower gel (£2.19), aftershave (£7.45), roll-on (£1.99) and stick (£2.29) deodorant. Elida Fabergé Tel: 0181 481 6000.

## Piz Buin's high protection range

Zyma Healthcare has introduced eight new lotions and creams in the Piz Buin range.

This season sees the launch of an SPF 30 Lotion and Cream, which provide the highest protection in the range. Piz Buin SPF 30 has been designed for those with delicate skins, and extra-sensitive areas.

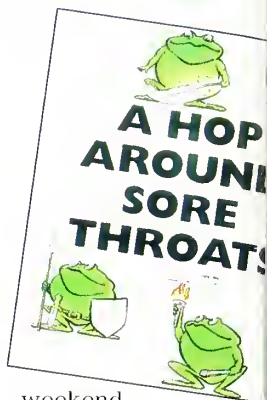
Also new are the SPF 20 Stick, SPF 30 Baby Cream and Jet Bronzer Cream (SPF 6), the first product in the self-tanning range to incorporate a sun protection factor. Zyma Healthcare. Tel: 01306 742800.

## Advice on hand for sore throats

Crookes Healthcare has produced a new training guide for pharmacy assistants on the subject of sore throats.

'A Hop Around Sore Throats' provides assistants with information on sore throats and what treatment to recommend to sufferers, incorporating product information about the Crookes range of sore throat remedies.

An added incentive to read the booklet is a competition for assistants with the chance to win a



weekend break for two in Paris or EuroDisney, plus 20 runners-up prizes of a bottle of champagne. Crookes Healthcare Tel: 0115 953 9922.

## Co-Q-10 joins Red Kooga range

English Grains Healthcare is extending its Red Kooga range with the launch of Co-Q-10 and Ginseng.

The new product combines 600mg of ginseng with 30mg of Co-enzyme Q10, a naturally occurring substance found in cells which helps convert food into energy. It is thought that the ageing process and some serious illnesses can

deplete the body's supply of Co-Q-10.

Co-Q-10 can be obtained from dietary sources such as chicken, eggs, broccol and spinach.

A blister pack of 32 tablets retails at £9.99.

The range is being supported by a £400,000 promotional campaign, including national advertising and a PR campaign. English Grains Healthcare. Tel: 01283 228300.

## New items in the Radox range

Radox is relaunching its herbal bath range with new variants and enhanced pack designs to entice younger users, and stimulate the purchase of bath liquids all year round.

There are two new variants, Energising and Invigorating, bringing the total to nine. Sara Lee UK Ltd (Household and Personal Care) Tel: 01753 523971.

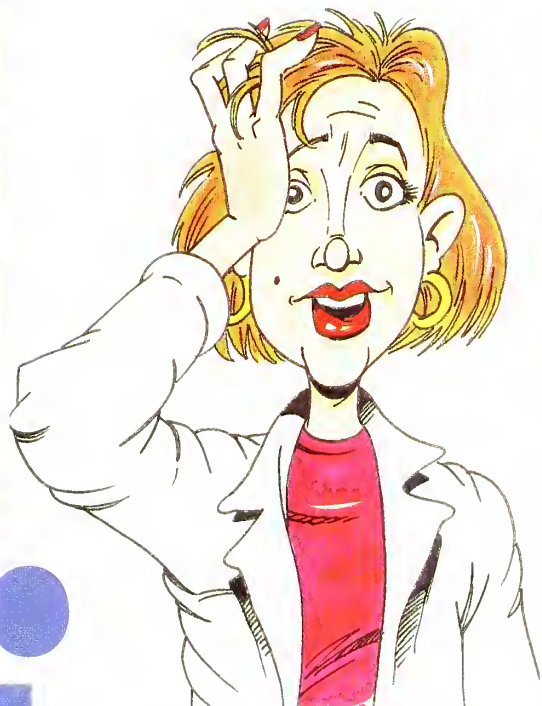
## Winning winter windows

Warner-Lambert Consumer Healthcare is running a winter window and counter unit promotion for its winter remedies. The unit holds Pharmacy products like Benlyn Four Flu, Benlyn Cough, Sudafed and Calpol.

The promotion also includes a chance for a pharmacy to win a £1,500 holiday. The winner will be the pharmacy that uses the display most effectively. Warner-Lambert Consumer Healthcare. Tel: 01703 641400.







Christmas comes but once a year, and all I can say is: thank goodness for that! The run up to Christmas has been the busiest I have experienced in recent years. At times queues have extended to the door and people have seemed very impatient. Silly arguments have broken out regarding who is next to be served, and people have rudely stuck prescriptions under my nose while I was serving other customers. Are these the same people I serve all year? What has happened to Christmas spirit?

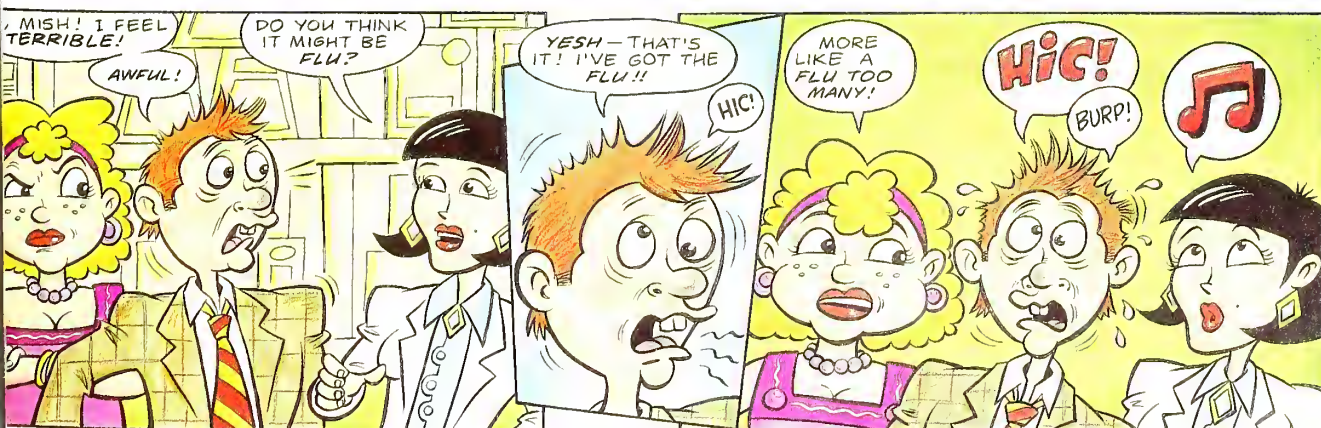
*Some people have viruses and some people have germs,  
They will tell you all about them in no uncertain terms,  
But when they are infected with something that is bigger,  
They don't like to mention it in case someone will snigger.*

Does this little rhyme ring a bell? Well it certainly does for me, because recently we have had many requests for the treatment of headlice. This embarrassing problem is one which all of the staff at my shop treat with tact and understanding, but recently we have had customers returning stating that they have already treated the family and the problem has returned. When asked for preparations to treat head lice, we always ask the 2WHAM questions and our pharmacist is there to give advice. We also suggest that the customer takes one of our leaflets which illustrates how to use the detector comb, but the problem still persists. Customers don't know what to look for and don't know how to detect, treat or prevent infestation, even though there are plenty of leaflets available. I think more practical help in the form of a nurse from the Health Authority might help.

On a more reflective note, 1996 has certainly seen a lot of changes – my own shop was bought out by a large chain which was quite an upheaval, more POM to P switches and the extra responsibility associated with their sale, and of course training courses and examinations for pharmacy assistants. As time goes by working in a pharmacy certainly poses more of a challenge but I enjoy the demands of an ever-changing job and look forward to another busy year. Happy New Year everyone!

## MEANWHILE...

## BY BAM!



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